Report on the Hub Discussion 2012/2013:
A Documentation of the Prince Albert Hub Discussion
Study Period: September 1, 2012, to August 31, 2013

A Submission to CMPA's Operational COR Committee (OCC)

October 28, 2013

1   Table of Contents

2   Table of Abbreviations

BPRC	Building Partnerships to Reduce Crime
CFBSJS	Centre for Forensic Behavioural Science and Justice Studies of the University of Saskatchewan
CMPA	Community Mobilization Prince Albert
COR	Centre of Responsibility
Education	SRPSD and PARCSSD
ESC	CMPA's Executive Steering Committee
Hub	This is not an abbreviation
ISIWG	Information Sharing Issues Working Group (Saskatchewan Ministries of Justice, Health, Social Services, Education)
MSS	MSS CFS, MSS IA, and MSS MCU
MSS CFS	Ministry of Social Services Child and Family Services
MSS IA	Ministry of Social Services Income Assistance
MSS MCU	Ministry of Social Services Mobile Crisis Unit
OC	Order- in- council
OCC	CMPA's Operational COR Committee
OIPC	Office of the Saskatchewan Information and Privacy Commissioner
PAFD	Prince Albert Fire Department
PAGC	Prince Albert Grand Council
PAPHR	PAPHR ASA, PAPHR ASY, PAPHR MH, and PAPHR OTHER
PAPHR ASA	Prince Albert Parkland Health Region Addiction Services Adult
PAPHR ASY	Prince Albert Parkland Health Region Addiction Services Youth
PAPHR MH	Prince Albert Parkland Health Region Mental Health Services
PAPHR OTHER	Prince Albert Parkland Health Region's services other than addiction and mental health services
PAPS	Prince Albert Police Service
PAPS BYLAW	Bylaw Services of the Prince Albert Police Service
PAPS VS	Victim Services Unit of the Prince Albert Police Service
PARCSSD	Prince Albert Roman Catholic Separate School Division
Probation Adult	Ministry of Justice Adult Probation
Probation Youth	Ministry of Justice Youth Probation
RCMP	Royal Canadian Mounted Police
SRPSD	Saskatchewan Rivers Public School Division
YCJA	Youth Criminal Justice Act

3 Executive Summary

The present second Hub report is a documentation of the Hub discussion for the study period September 1, 2012, to August 31, 2013.

Data collected at the Hub discussion is special data due to the facts that it is a conglomerate of pieces of data from *multiple agencies* on *acutely elevated risk situations*. It is of great value to the identification of systemic issues, root causes of social problems, and their solutions.

The agencies **brought forward** a total of 307 situations, 79% of them were accepted for discussion. 83% concerned an individual, 17% an entire family. 13% of all situations were held in a Youth Conference under the Youth Criminal Justice Act. The **age group** of the 12 to 17 year olds made up 51% of situations, followed by the 18 to 64 year olds with 36% of situations. The 0 to 11 year olds made up 10% of discussions, the population 65+ was represented in 2% of situations.

On average there were 4.8 agencies involved per situation. Three agencies **brought forward** 91% of situations discussed (Prince Albert Police Service, Social Services, and Education). Four agencies made up 94% of the total engagement as **lead agency** (Social Services, Prince Albert Parkland Health Region, Education, and Prince Albert Police Service). The agencies that assisted the most often were Prince Albert Police Service, Prince Albert Parkland Health Region's Addiction Services, Education, Prince Albert Parkland Health Region's Mental Health Services, and Social Services' Child and Family Services.

The largest **risk factor categories** were 'Alcohol' (62% of all situations), followed by 'Criminal Involvement' (51%), 'Parenting' (45%), 'Mental Health' (43%), 'Physical Violence' (43%), 'Missing School' (40%), 'Drugs' (37%), 'Crime Victimization' (26%), 'Negative Peers' (21%), and 'Suicide' (16%). Analysis on the risk factor categories revealed **companionships of major risk categories** giving valuable insights into the hierarchy of risks.

1474 individual **risk factors** from 26 risk categories were tracked resulting in an average of 6.1 tracked risk factors per situation. The top ten risk factors were 'Alcohol abuse', 'Truancy', 'Not receiving proper parenting', 'Criminal Involvement', 'Associating with negative peers', 'Suspected mental health problem', 'Drug abuse', 'Victim of physical violence', and 'Physical violence in the home'. Different age groups showed differences in the presence of the main risk factors.

70% of the discussions were closed under the **closure variable** 'Connected to services/ cooperative', 22% as 'Informed of services', and 5% as 'Refused services/ uncooperative'. Individuals in the age group of the 0 to 11 year olds were 'Connected to services' the most often. In the course of one week 53% of all discussions were closed.

Outcome measures are showing **positive changes in indicators of community safety and wellness** in Prince Albert since the inception of the Hub discussion. The violent crime severity index for Prince Albert for instance showed the largest reduction in 2012 since 1998.

4   Introduction

The first Hub report was submitted to Community Mobilization Prince Albert's (CMPA's) Operational COR Committee (OCC) on October 31, 2012 for the study period June 1, 2011, to May 31, 2012. As of September 1, 2012, CMPA was able to optimize Hub data collection. The present second Hub report is considering the first year of Hub data collected under the improved data collection mechanism. The study period is September 1, 2012, to August 31, 2013.

4.1   Purpose of this report

The purpose of this report is to continue the documentation of the Hub discussion in the interest of building a strong foundation for the identification of systemic issues, root causes of social problems, and how they could be addressed, as well as to support the optimization of the Hub process and the development of community mobilization in general.

4.2   CMPA – vision and mission

CMPA has the vision that Prince Albert and region will achieve dramatic and ongoing reductions in the levels of crime and victimization. Our individual citizens and families at risk will gain the supports they need to build positive and healthy lives, our young people will grow and be educated in environments free from fear and risk, and our businesses will operate in a safe and positive marketplace. CMPA is an effective, integrated multi-agency team, building safer and healthier communities, reducing crime and victimization; accomplished through the mobilization of existing resources to address individuals/ families with acutely elevated levels of risk as recognized across a range of service providers, a broader focus on long-term community goals and initiatives, and possible systemic recommendations arrived at via experience, research and analysis. CMPA is carrying out its mission by two key components: The Hub discussion and the Centre of Responsibility (COR). The Hub discussion focuses on providing immediate responses to acutely elevated risk as expediently as possible; typically within 24 to 48 or 72 hours. The COR in support of the Hub is a full time centre for research, analysis, and long-term solutions to systemic issues, and root causes of social problems. For more information on CMPA please consult our website under www.mobilizepa.ca.

4.3   The Hub discussion

The Hub is a discussion between multiple government agencies in the human services delivery sector taking place twice per week for an hour and a half. The discussion does not have any actual case management role or authority. The case management and the actual service delivery fully remain with the agencies.

At the Hub discussion the agencies identify situations of acutely elevated risk facing individuals, families or environments with acutely elevated risk factors that will likely lead to offending, victimization, or some other significant threat to the health and safety of any individual, family, or to the community, as recognized across the range of participating service providers. The agencies then determine what immediate coordinated and integrated mobilization of *existing* resources is required to mitigate the acutely elevated risk. At the Hub discussion the agencies do not have the focus to have all the issues solved

that are related to a situation, but to lead a situation out of acutely elevated risk. Once that goal is reached the situation is no longer discussed at Hub and the agencies may continue their work with the client within their home agencies until their mandate is fully accomplished.

The participating agencies are Ministry of Social Services (Child and Family Services [MSS CFS], Income Assistance [MSS IA], Mobile Crisis Unit [MSS MCU]), Royal Canadian Mounted Police (RCMP), Ministry of Health: Prince Albert Parkland Health Region (Mental Health [PAPHR MH], Addiction Services Adult [PAPHR ASA] and Youth [PAPHR ASY], Public Health Inspections), Ministry of Justice (Adult Probation, Youth Probation), Ministry of Education (Roman Catholic Separate School Division [PARCSSD], Saskatchewan Rivers Public School Division [SRPSD]), Prince Albert Grand Council (PAGC), City of Prince Albert, Prince Albert Fire Department [PAFD], Prince Albert Police Service (PAPS), the Bylaw Services of PAPS (PAPS BYLAW) and PAPS' Victim Services Unit (PAPS VS).

Between the commencement of operations in February 2011 and End of August 2013, the agencies at the Hub discussion addressed 730 situations of acutely elevated risk spreading across a range of disciplines.

5   Data Used

5.1   Latest developments in the collection of Hub data

CMPA has been working closely together with Saskatchewan's Information Sharing Issues Working Group (ISIWG) under the lead of the Saskatchewan Ministry of Justice. The ISIWG aims at removing barriers and enhancing the sharing of information about children, youth, and their families between public sector and service provider organizations who provide services to this client group.

The ISIWG recommended that integrated service providers adopt a four filter approach to the sharing of information in order to be able to meet privacy expectations. The four filter approach was applied at the Hub discussion. The filters are meant to only allow situations of acutely elevated risk to be discussed at Hub, to minimize the identifiable personal information disclosed, to limit the agencies to which the information is disclosed, and to limit the recording of identifiable information: Only agencies with a role to play record identifiable information and no identifiable information is recorded in the central record of the integrated service. Accordingly there was no identifiable information recorded in the central record.

5.2   Central Hub record

This report is presenting the data recorded in the central Hub record. During the Hub discussion the agencies collected non-identifiable personal information on the situations accepted for discussion in a central record. The information was provided by the participating agencies and recorded in agreement with them.

Data collected at the Hub discussion is special data due to the facts that it is a conglomerate of pieces of data from *multiple agencies* on *acutely elevated risk situations*. The special nature of Hub data is provid-

ing extraordinary opportunities to gain valuable insight into acutely elevated risk situations in Prince Albert and area.

From September 1, 2012, to February 12, 2013, Hub data was saved locally in an excel spreadsheet; as of February 14, 2013, the data was securely entered online into the Building Partnerships to Reduce Crime's (BPRC's) Hub database, which is a class 'A' database hosted by the Ministry of Justice. For more information on the BPRC please consult their website under www.saskbprc.com.

The following data items were tracked:

- Originating agency: What agency brought forward the situation for discussion;
- Age group of individual discussed: The age groups were 0 to 11, 12 to 17, 18+, 65+;
- Gender of individual discussed;
- Discussion Type: Did the situation concern a dwelling, an environmental issue, a family, a neighbourhood, or a person;
- YCJA conference: Is the discussion held in the form of a conference under the Youth Criminal Justice Act (YCJA);
- Reopening: Was the situation opened and closed for discussion at Hub in the past and if yes, are the risk factors that are leading to the current opening the same or different from the last time;
- Old discussion number (for discussions that were reopened);
- Risk factors: By the end of the study period 105 risk factors from 26 risk factor categories were in use;
- Lead agency: Which agency that was involved took the lead in coordinating the multi agency response to the acutely elevated risk situation;
- Assisting agencies: What agencies were involved besides the lead agency in mitigating the risk;
- Reason for discussion closure;
- Discussion is a systemic issue;
- Date discussion was opened, date for next discussion and the date the discussion was closed.
- Outside the database CMPA tracked the number of individual discussions per numbered Hub discussion, the number of tasks completed, and the total number of situations brought forward by the agencies that got rejected by the table due to the filter process applied.

5.3   Data quality

The data entered into the central Hub record was captured systematically and consistently. There have only been a few minor adaptations to the data collection during the study period. Since the data was recorded the same way for each situation it is showing a good comparability and can be considered a strong foundation for the identification of systemic issues and gaps in the human services delivery system. Also, the agencies made an effort to ensure the data was entered accurately. Before closing a discussion the agencies checked if the data entered was correct.

Compared to the previous study period there were significant changes in the data collection process. They need to be taken into consideration when comparing this year's data with last years'.

6   Findings

6.1   Number of situations brought forward

The agencies brought forward a total of 307 situations for discussion. In 65 situations (or 21%) the agencies collectively came to the conclusion that the criteria were not met to have the situation discussed at

Situations accepted/rejected

65 = 21%

242 = 79%

■ Accepted for discussion   ■ Rejected
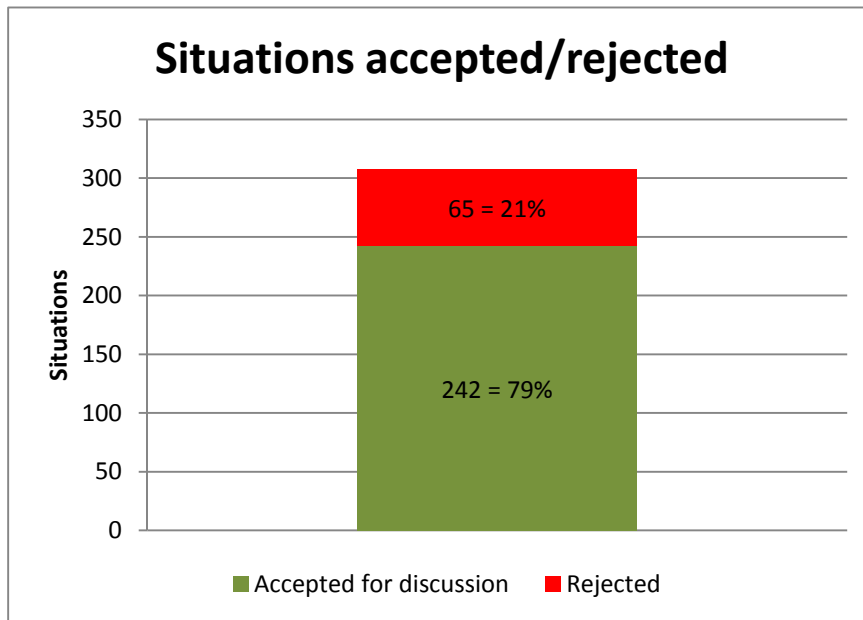
Hub (based on the threshold test described in the Interim Information Sharing Guidelines). The reasons for rejections included that the originating agency had not exhausted all reasonable options to mitigate the risk or that appropriate services were already in place.

The number of situations rejected is showing that the filter system increased privacy safeguards.

6.2   Demographics

6.2.1   Number of individuals reached

From September 1, 2012, to August 31, 2013, the agencies accepted 242 situations for discussion. In each situation they had confirmed the presence of acutely elevated risk factors across a range of service

Discussion type

201 = 83%

41 = 17%

■ Family   ■ Person

providers. 201 situations (or 83%) concerned an individual, 41 (or 17%) an entire family.
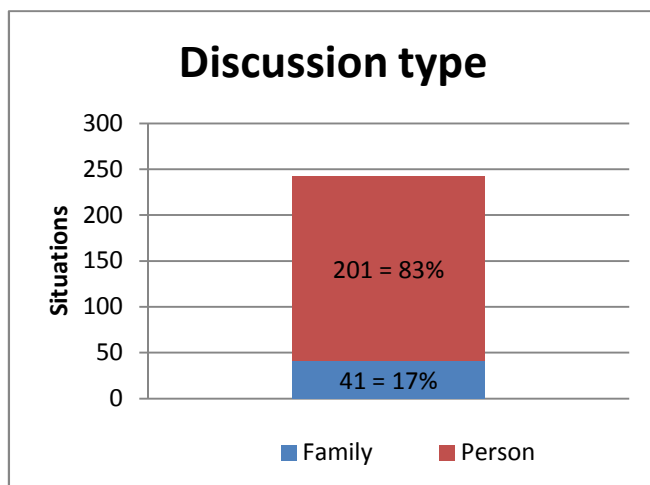
The discussion type 'Person' can include discussions that lead to service delivery to several individuals. When services were provided to several individuals forming a family unit still only one individual was counted, but the discussion type 'Family' was used. The mobilization of services therefore can be estimated to have reached well over 300 individuals in the study period of one year.

6.2.2   Gender and age groups

Overall both genders were represented quite equally with a slight plus of females whereas the age groups showed large differences in the number of individuals discussed. Also the differences between the genders were remarkable within and between the age groups.

Gender

Individuals

132

107

150

100

50

0
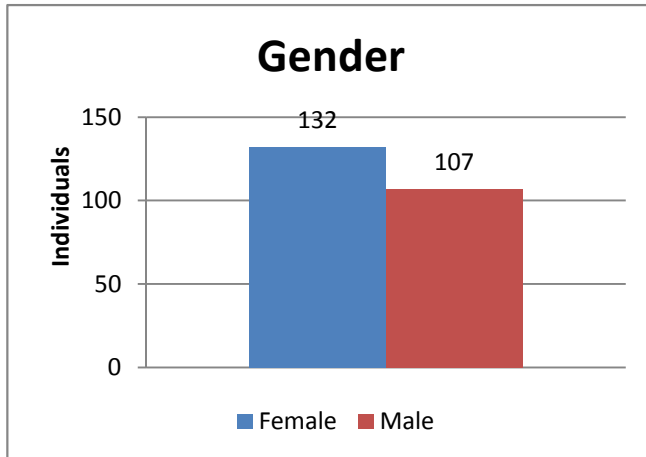
■ Female ■ Male

The females made up 55% of the individuals discussed (132 situations), 44% of the individuals were males (107 situations). In the remaining 3 situations (1%) no gender was tracked.

The overall over representation of females can be attributed to the large age group of the 18 to 64 year olds.

The age groups were 0 to 11 years, 12 to 17 years, 18 to 64, and 65+. The 12 to 17 year olds made up more than half of the situations discussed (51%), the second largest group were the adults age 18 to 64 years with 36% of situations. The 0 to 11 year olds made up 10% of discussions, the population 65+ was represented in 2% of situations.

Compared to the previous study period the number of individuals in the age group of the 0 to 11 year olds could be increased by 2%. Increased mobilization of services to our youngest individuals at acutely elevated risk is particularly important from a prevention point of view.

Age groups

Adult 18+,
87, 36%

Child 0 to 11,
24, 10%

Senior 65+,
4, 2%

NA,
2, 1%

Youth 12 to
17,
125, 51%
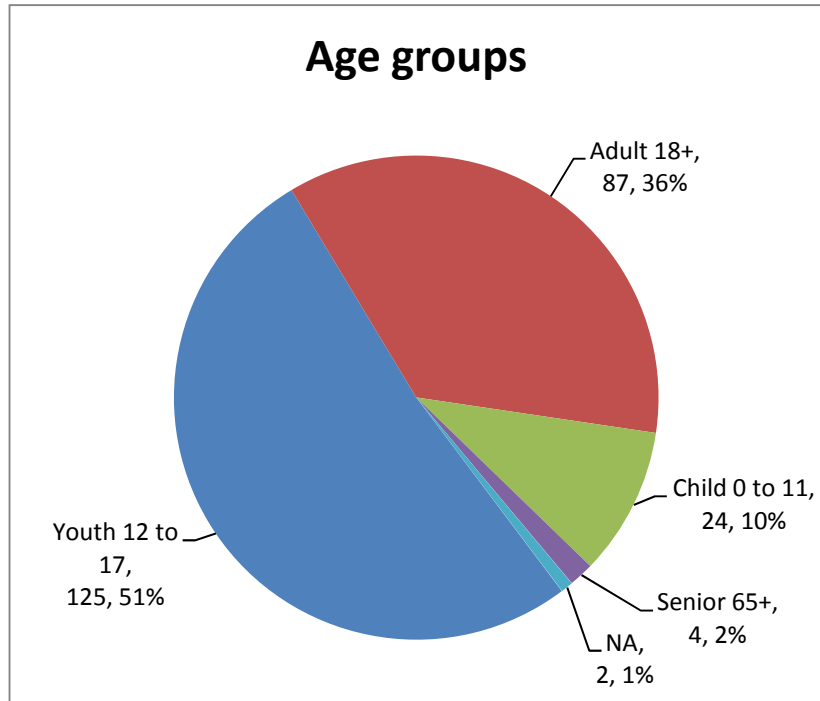
There were large differences in the representation of the genders in the different age groups.

Genders per age group
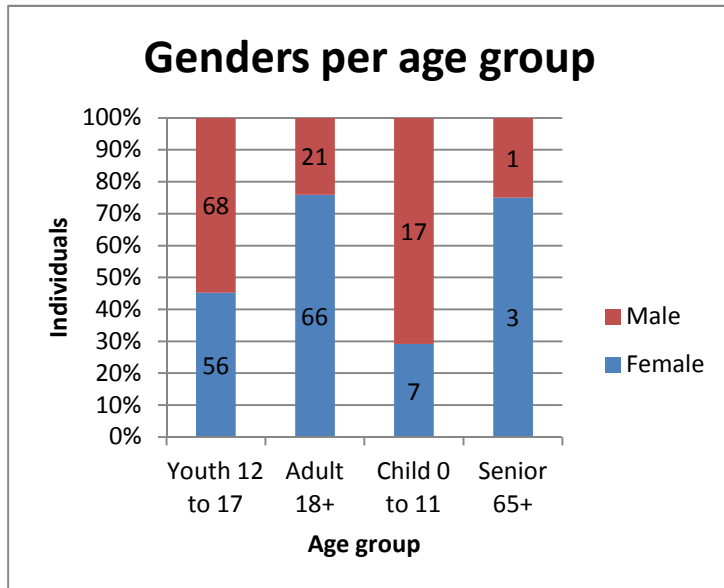
The age group of the 12 to 17 year olds showed 68 males (54%) and 56 females (45%). In the age group 18 to 64 the difference was significantly larger with 66 females (76%) and only 21 males (24%). The age group 0 to 11 showed significantly more males than females: 17 males (71%) and 7 females (29%). The age group 65+ showed more females than males: 3 females (75%) and 1 male (25%).

The representation of the genders in the different age groups is consistent with the findings in the previous study period.

6.3   Agency involvement

Three types of agency participation determined the agency involvement. When an agency brought forward a situation for discussion the agency was originating agency. The originating agencies usually were involved in mitigating the risk either as lead or assisting agency. In each situation accepted for discussion one agency was entered to be the lead agency according to a consensus found among the agencies involved. Typically the lead agency was considered most appropriate to coordinate the integrated service delivery. The other agencies involved were entered as assisting agencies. The role of lead or assisting agency did not affect an agency in its service delivery which still was determined by the agencies' mandates.

Besides the 242 times an agency was lead agency, there were 911 times an agency was assisting, resulting in a total of 1153 times an agency had direct involvement in mitigating acutely elevated risk. This is an average of 4.8 agencies per situation which is considerably higher than the average of 3 agencies that was found in the previous study period. The difference could be a result of improved data collection.

6.3.1 Originating agencies

6.3.1.1 Originators: Situations brought forward per agency

The Prince Albert Police Service (PAPS) brought forward the most situations for discussion with 124 situations making up 51% of discussions; Saskatchewan Rivers Public School Division (SRPSD) brought forward 47 situations (19% of discussions); the Ministry of Social Services' Child and Family Services (MSS CFS) were the third largest originator with 34 situations (14%); the Prince Albert Roman Catholic Separate School Division (PARCSSD) was originator in 11 situations (5%), the Ministry of Social Services' Mobile Crisis Unit (MSS MCU) in 4 (2%); Prince Albert Grand Council (PAGC) originated 4 discussions (2%), Probation Youth 4 (2%), the Royal Canadian Mounted Police (RCMP) also 4 (2%), the Prince Albert Parkland Health Region's Addiction Services Adult (PAPHR ASA) 3 (1%), Probation Adult 2 (1%), the Prince Albert Parkland Health Region's Mental Health Services (PAPHR MH) 2 (1%), and the Ministry of Social Services' Income Assistance (MSS IA) 1 (0%). The Prince Albert Police Service's Victim Services Unit (PAPS VS) and Bylaw Unit (PAPS BYLAW) each brought forward 1 situation for discussion.
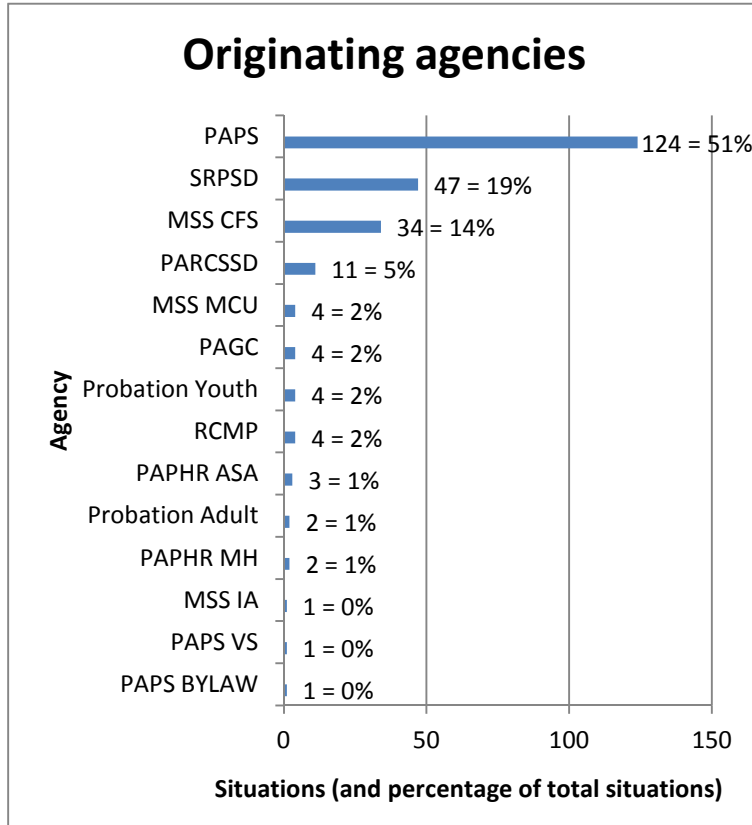
Originating agencies

Agency	Situations (and percentage of total situations)
PAPS	124 = 51%
SRPSD	47 = 19%
MSS CFS	34 = 14%
PARCSSD	11 = 5%
MSS MCU	4 = 2%
PAGC	4 = 2%
Probation Youth	4 = 2%
RCMP	4 = 2%
PAPHR ASA	3 = 1%
Probation Adult	2 = 1%
PAPHR MH	2 = 1%
MSS IA	1 = 0%
PAPS VS	1 = 0%
PAPS BYLAW	1 = 0%

The three major originators made up 91% of situations discussed. This is 20% more than in the last study period. They were Prince Albert Police Service, Social Services' Child and Family Services, and Education (PARCSSD and SRPSD). It would be desirable to see increased numbers of situations brought forward by other agencies that are showing high involvement as lead and assisting agency in order to have as many individuals benefit from the Hub discussion as possible.

Major originators

Originator	Situations	Percentage
Other	26	11%
MSS	39	16%
Education	58	24%
PAPS	124	51%
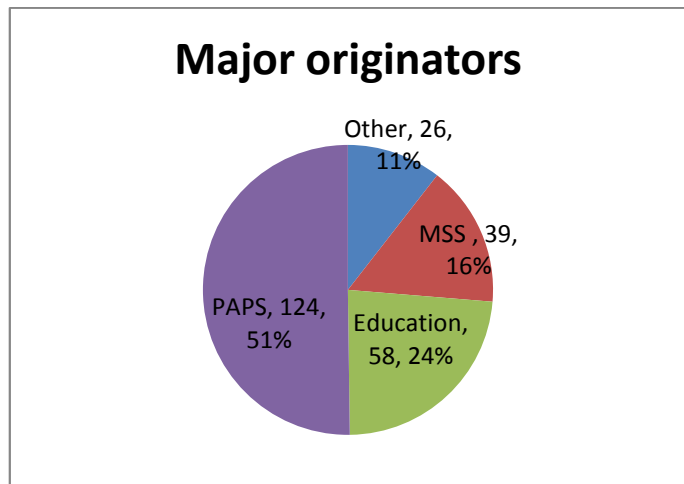
6.3.1.2 Originators: Comparison with previous study period

Compared to the previous study period (Hub report 2011/2012) some agencies saw an increase in the number of situations they brought forward, others a decrease. The largest increase was found with PAPS

Originators: 2011/12 - 2012/13 compared
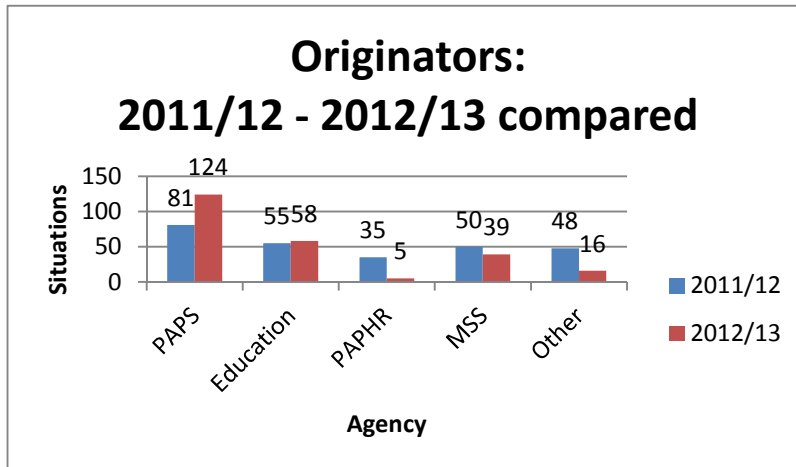
who brought forward 43 situations more than during the previous study period. Education saw an increase of 3 situations, while PAPHR brought forward 30 situations less than during the previous study period. MSS saw a reduction by 11 situations brought forward. The remaining agencies together brought forward 32 situations less.

The changes in the number of situations brought forward compared to the study period 2011/2012 translate into the following percentage changes within the agencies: PAPS' increase by 43 situations is a plus by 53%. Education saw an increase by 5% (plus 3 situations), PAPHR was faced with a decrease by 86% (30 situations less brought forward), and MSS saw a reduction by 22% (11 situations). The minus of 32 situations regarding the total number of situations the remaining agencies brought forward represents a reduction by 67%.
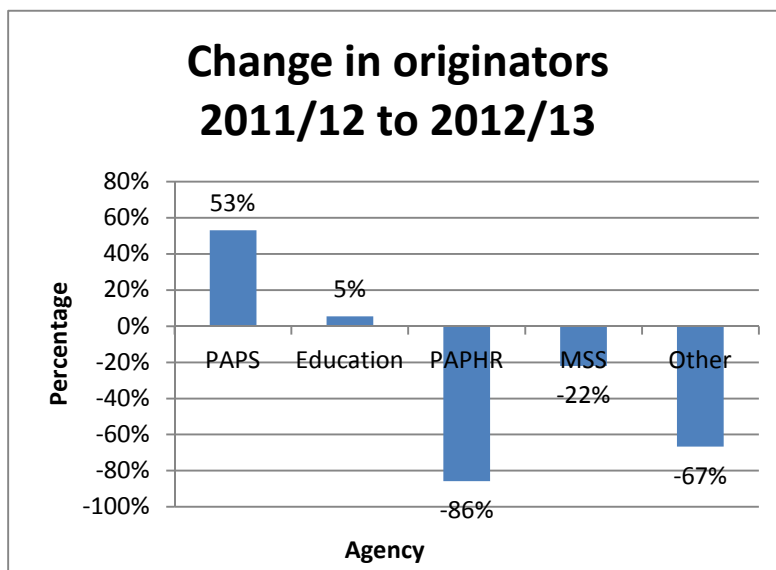
Change in originators 2011/12 to 2012/13

The decreases were balanced out by the increases resulting in a difference of minus 16 situations compared to the previous study period. Taking into account the number of 65 situations rejected there was a plus of 49 situations brought forward compared to the previous study period.

The change in the originators' shares showed significant differences within and between the agencies.

**Originators' shares:
2011/12 - 2012/13 compared**
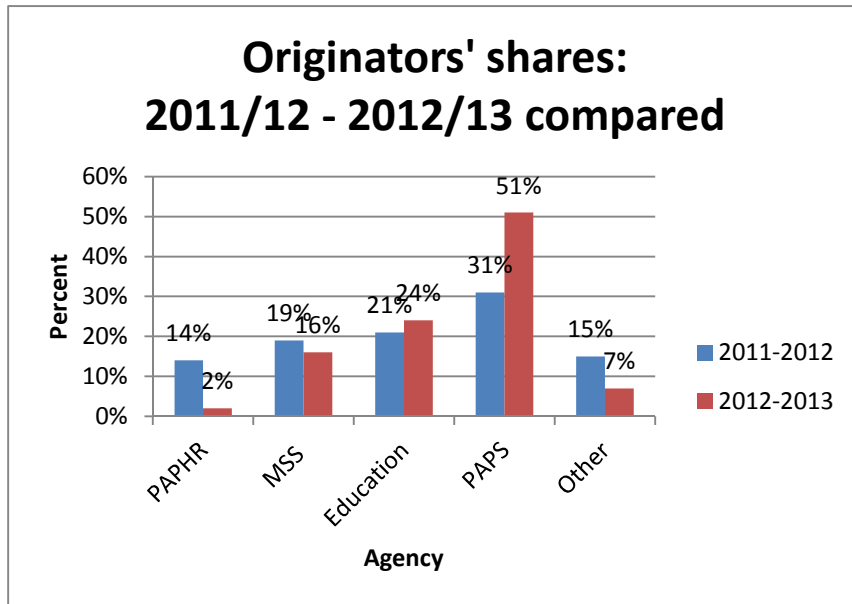
PAPS increased their share in the total number of situations brought forward from 31% to 51%, Education from 21% to 24%. PAPHR decreased their share from 14% to 2%, MSS from 19% to 16%, and the remaining agencies together from 15% to 7%.

PAPHR showed the largest decrease, PAPS the largest increase.

The changes in situations brought forward translate into significant changes in the agencies' shares in

**Change in originators' shares:
2011/12 - 2012/13 compared**
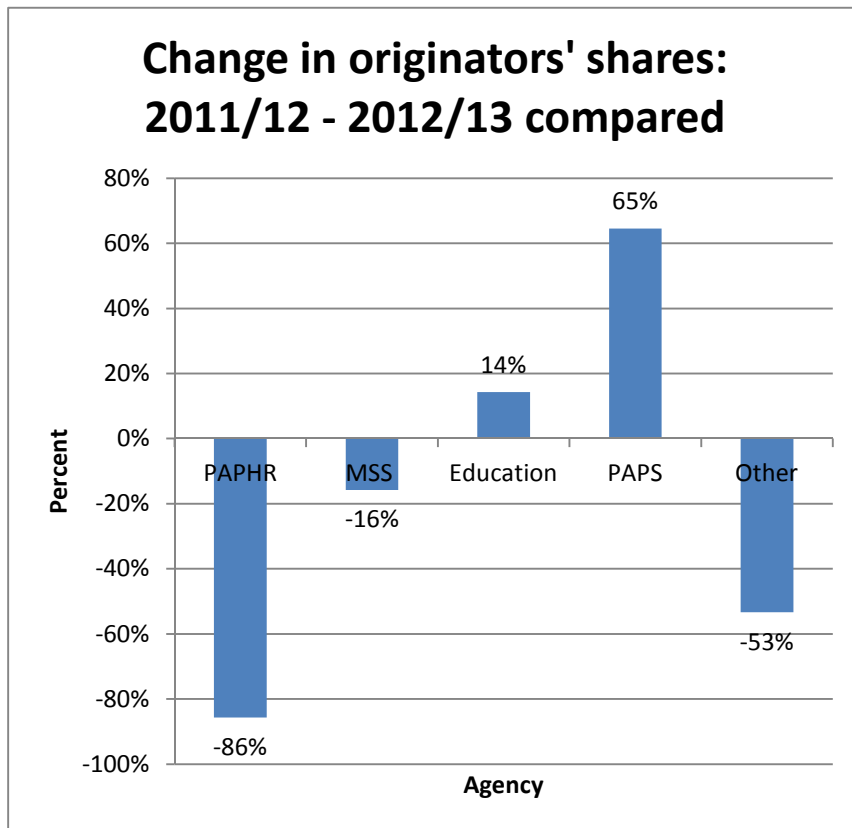
the total number of situations accepted for discussion. PAPHR's change of 12% translates into a minus of 86% in the share in the number of situations PAPHR brought forward compared to the previous study period, MSS's minus of 3% represents a change by minus 16%, Education's increase of 3% resulted from an increase by 14%, and PAPS' increase of 20% in the share in the total number of situations brought forward represents an increase by 65% compared PAPS' share in the situations brought forward in the previous study period.

The great differences in how many situations an agency brought forward was, for some agencies, likely positively affected by the efforts undertaken by the Information Sharing Issues Working Group (ISIWG) under the lead of the Saskatchewan Ministry of Justice. The ISIWG helps to ensure that the Hub discussion is compliant with privacy legislation by creating a privacy impact assessment for review by the Office of the Saskatchewan Information and Privacy Commissioner (OIPC). Based on the ISIWG's work and early recommendations there could have been changes in the agencies' internal policies with regards to the sharing of personal information at the Hub table which might partly have affected the number of situations the agencies brought forward for discussion.

6.3.2 Lead agencies

MSS CFS was the number one lead agency with 107 situations (44%). SRPSD was leading in 36 situations (15%), PAPHR MH in 32 (13%), PAPS in 24 (10%), PAPHR ASA in 11 (5%), PACSSD in 8 (3%), PAPHR ASY in 7 (3%), Probation Youth and the RCMP each in 6 situations (2% each).

Lead agencies

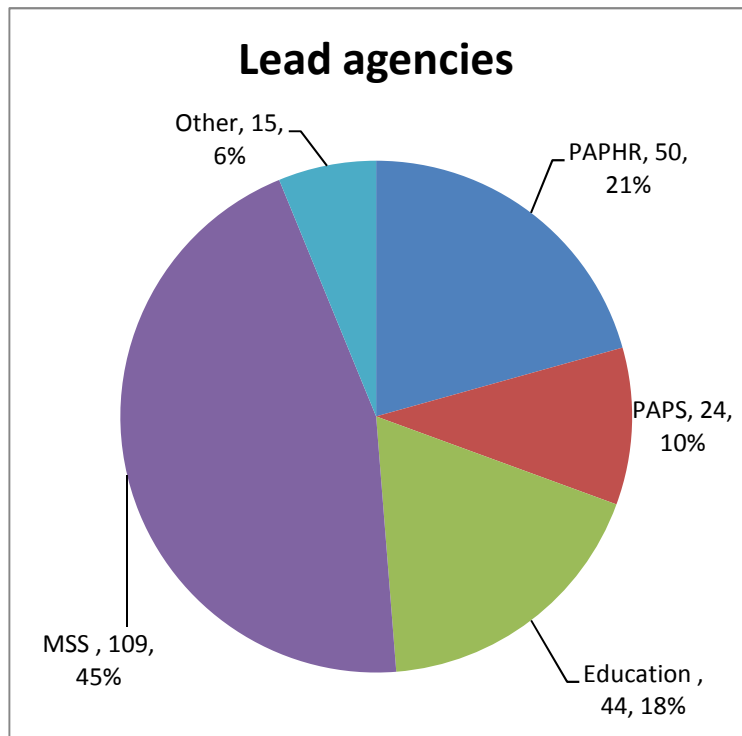| Agency	Situations
MSS CFS	107
SRPSD	36
PAPHR MH	32
PAPS	24
PAPHR ASA	11
PARCSSD	8
PAPHR ASY	7
Probation Youth	6
RCMP	6
MSS MCU	1
Probation Adult	1
MSS IA	1
PAPS VS	1
PAGC	1
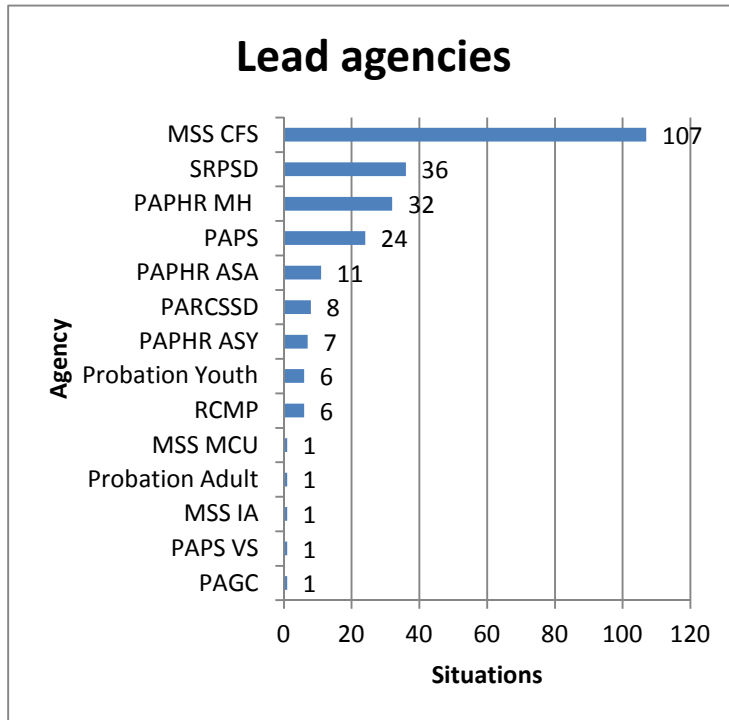
The three major originators PAPS, MSS CFS, and Education were also among the four major lead agencies. While MSS CFS had the lead in many more discussions than they brought forward, PAPS only had the lead in 24 situations while they brought 124 to the table.

PAPHR was the second largest lead agency but hardly brought any situations forward for discussion.

Four agencies made up 94% of the total of lead agencies. MSS had the lead in 109 situations (45%), PAPHR was leading in 50 situations (21%), Education in 44 situations (18%), and PAPS in 24 situations (10%). The other agencies together had the lead in 15 situations (6%). Compared to the previous study period the share per lead agency did not undergo as much of a fluctuation as the agencies' roles as originating agencies. MSS increased the lead from 20% to 25%, PAPHR stayed at 21%, PAPS went from 23% to 10%, and Education from 21% to 18%. The distribution of risk situations over the agencies' mandates did not seem to be affected by the fact that the three main originators brought forward a larger percentage of situations (91% opposed to 71%).

Lead agencies

Other, 15, 6%
PAPHR, 50, 21%
PAPS, 24, 10%
Education, 44, 18%
MSS, 109, 45%

6.3.3   Assisting agencies

A total of 911 times, an agency was recorded to be an assisting agency. Seven agencies were involved as an assisting agency in more than 25% of the total number of the 242 situations discussed.

Assisting agencies

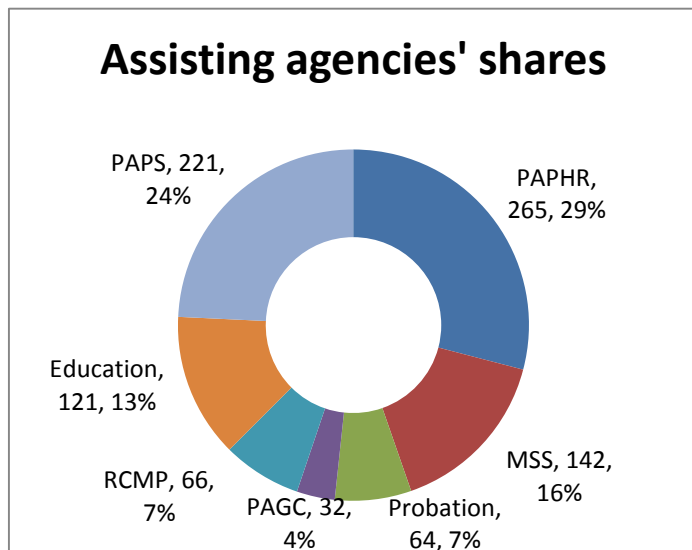| Agency	Situations
PAPS	168 = 69%
PAPHR MH	107 = 44%
SRPSD	100 = 41%
MSS CFS	93 = 38%
PAPHR ASY	84 = 35%
PAPHR ASA	71 = 29%
RCMP	66 = 27%
Probation Adult	42 = 17%
PAPS VS	34 = 14%
PAGC	32 = 13%
MSS MCU	29 = 12%
Probation Youth	22 = 9%
PARCSSD	21 = 9%
MSS IA	20 = 8%
PAPS BYLAW	10 = 4%
PA FIRE DEPT	9 = 4%
PAPHR OTHER	3 = 1%
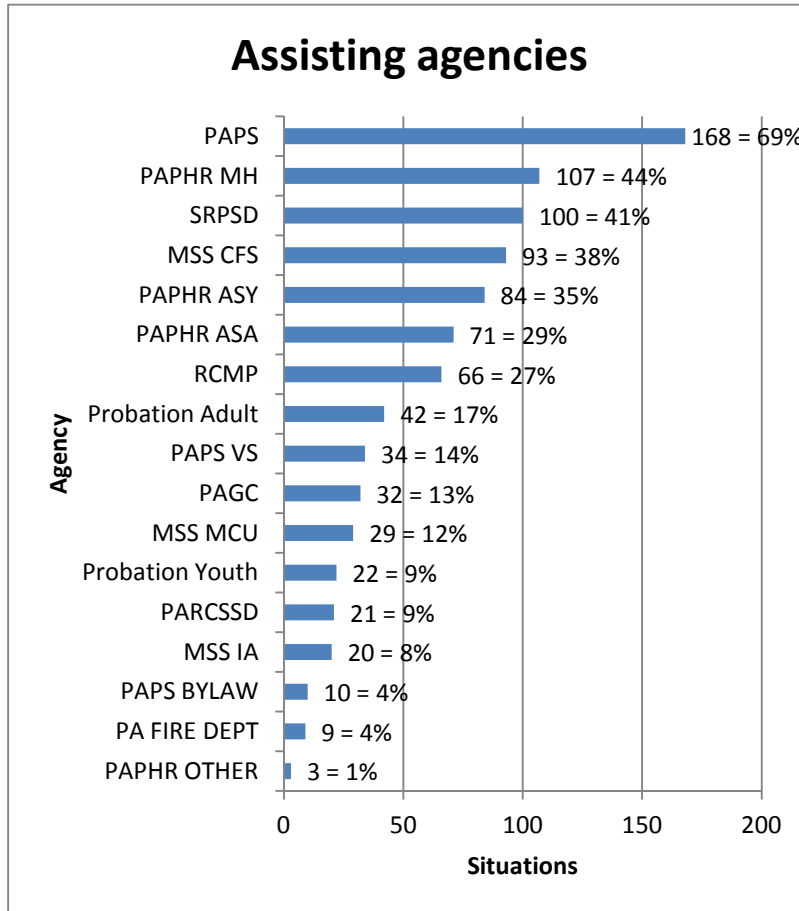
PAPS was assisting agency in 168 situations (69% of all situations), PAPHR MH in 107 (44%), SRPSD in 100 (41%), MSS CFS in 93 (38%), PAPHR ASY in 84 (35%), PAPHR ASA in 71 (29%), RCMP in 66 (27%), Probation Adult in 42 (17%), PAPS VS in 34 (14%), PAGC in 32 (135), MSS MCU in 29 (12%), Probation Youth in 22 (9%), PARCSSD in 21 (9%), MSS IA in 20 (8%), PAPS Bylaw in 10 (4%), PA FIRE DEPT in 9 (4%), and PAPHR OTHER in 3 situations (1%).

The high involvement of assisting agencies is showing that the agencies made use of each other's resources when mitigating acutely elevated risk. That way they created and delivered integrated human services.

PAPHR agencies together were assisting the most often with a total of 265 times which made up 29% of the total engagement of all the agencies as an assisting agency, followed by PAPS (including Bylaw an VS) with 221 times (share of 24% of the total engagement as an assisting agency), MSS 142 times (share of 16%), Education 121 times (share of 13%), RCMP 66 times (share of 7%), Probation 64 times (share of 7%) and PAGC 32 times (share of 4%).

Assisting agencies' shares

PAPS, 221, 24%
PAPHR, 265, 29%
Education, 121, 13%
MSS, 142, 16%
RCMP, 66, 7%
PAGC, 32, 4%
Probation, 64, 7%

6.3.4   Summary of agency involvement

The number of situations an agency brought forward did not necessarily reflect the extent to which an agency was involved as lead or assisting agency. PAPS for instance brought forward 51% of all situations, but they were lead agency in only 10% of all situations.

In many situations the originator was different from the lead agency. The Hub discussion served the originating agencies as an efficient tool to bring situations of acutely elevated risk to the attention of the agencies that most appropriately deal with the presenting risk. The result was the mobilization of the right services at an earlier point in time. This most certainly significantly increased the prevention of harm in acutely elevated risk situations.

Without the mobilization of services at the Hub discussion the connection to the appropriate services would not have taken place yet and would likely have resulted in significant harm.

MSS CFS and Health were the lead agency significantly more often than they were the originator. This is indicating a need for the mobilization of child and family services as well as health services. With regards to health services it can be noted that PAPHR brought forward 5 situations (2%) and was involved as lead or assisting agency 265 times in 242 situations (PAPHR MH in 57% of situations, PAPHR ASA in 34% of situations, PAPHR ASY in 38%). The Hub discussion's potential to mobilize health services can be considered particularly high. Also, acutely elevated risk situations in Prince Albert and area are strongly connected to health matters, in particular mental health and addictions.

The following chart is showing the agencies' involvement as originator, lead agency, and assisting and/or lead agency:

Agency involvement per total situations
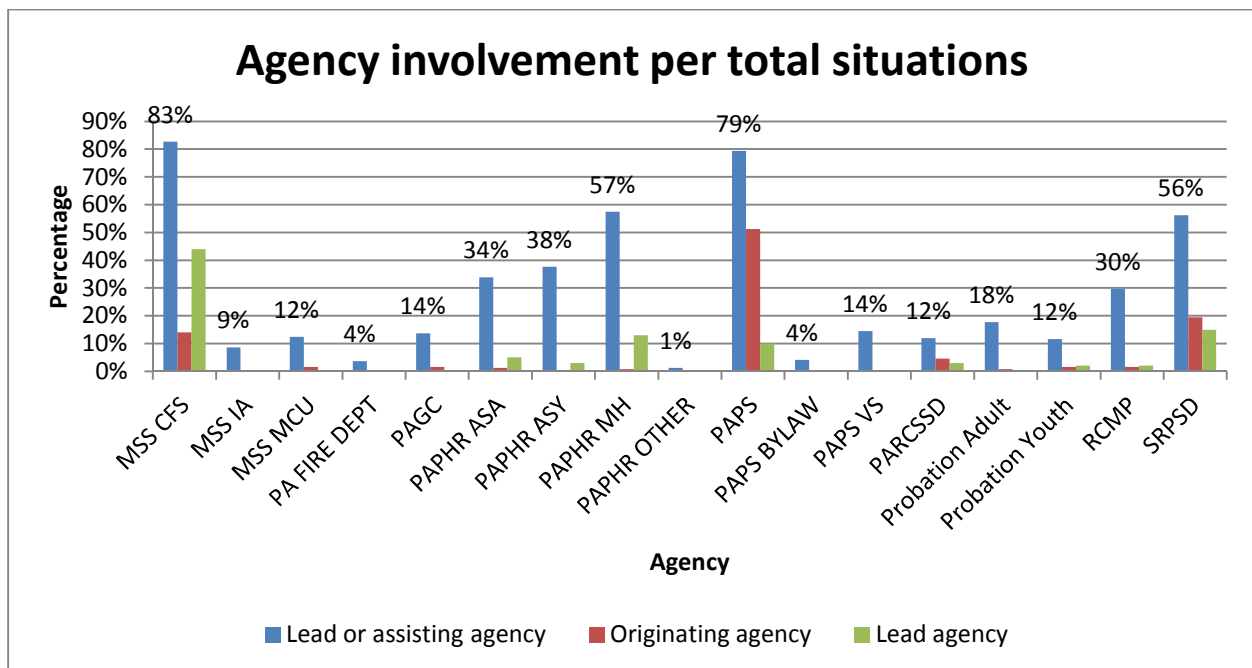
In 138 situations (57%) the lead agency was different from the originating agency. In particular the age groups of the children, youth, and adults saw a different agency take the lead than what the originating agency had been and therefore benefitted the most from the Hub discussions' characteristic of connecting risk situations to the appropriate lead agency. In the 104 situations in which the originator also was the lead agency, the mobilization still took place with regards to the assisting agencies. On average there were 3.8 assisting agencies per situation.

Is the originator the lead agency?
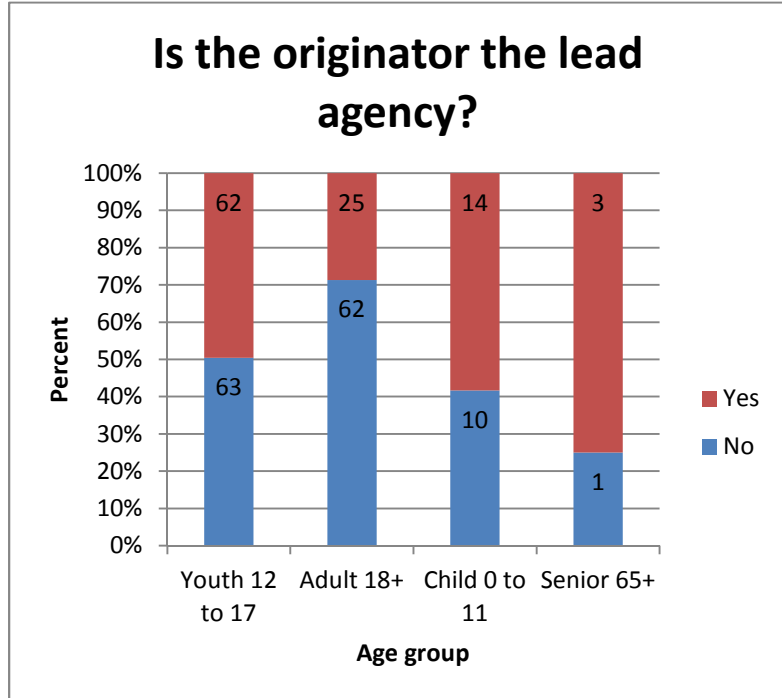
6.4 Categories of situations

Each situation was categorized considering the prevalence of risk factors and their intensity trying to highlight the main theme of the risk situation. The categories were 'Addictions', 'Child Welfare', 'Criminality', 'Domestic Related', 'Elder Abuse', 'Housing', 'Maintenance', 'Mental Health'.

Categories

Child Welfare, 151, 62%

Maintenance and Elder Abuse each 1, 1%

Criminality, 17, 7%

Addictions, 15, 6%

Mental Health, 36, 15%

Housing, 6, 3%

Domestic Related, 15, 6%
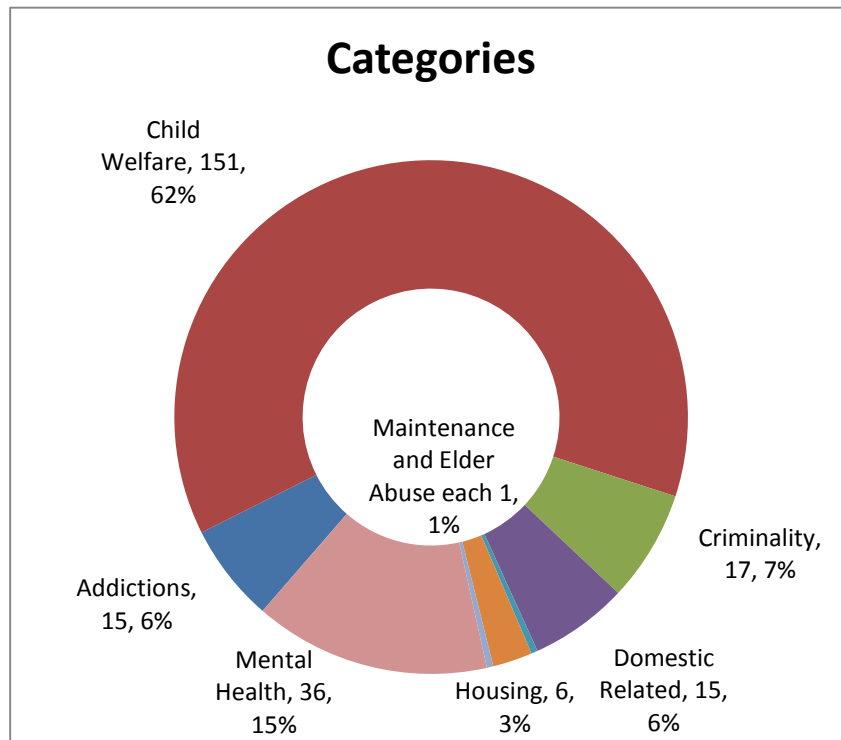
151 situations (62%) were categorized as 'Child Welfare', 36 (15%) as 'Mental Health', 17 (7%) as 'Criminality', 15 (6%) as 'Addictions', 15 (6%) as 'Domestic Related', 6 (3%) as 'Housing', 1 (0.5%) for each 'Elder Abuse' and 'Maintenance'.

'Child Welfare' being the largest category is consistent with the findings that most individuals discussed were under the age of 18 (61% of individuals) and that MSS CFS showed the highest involvement as lead and/or assisting agency (83% of all situations).

6.5 Risk factors and their categories

The agencies discussed situations facing individuals with acutely elevated risk factors across a range of service providers. 26 risk factor categories containing a total of 105 risk factors were used to track what kinds of risk lead to acutely elevated risk situations. The risk factor categories and risk factors had been developed by CMPA in collaboration with a researcher from the Centre for Forensic Behavioural Science and Justice Studies (CFBSJS) from the University of Saskatchewan.

The identification of the risk categories and risk factors contributing to acutely elevated risk situations is considered an important source of information for the identification of root causes of social problems, gaps in the service delivery system and potential solutions to them.

6.5.1 Risk factor categories

The risk factor categories each contained one or more risk factors. By selecting a risk factor the corresponding category was automatically selected. If several risk factors were selected from the same category the category was automatically selected several times. Each risk factor could be selected no more than one time per situation. The same category could be selected however many individual risk factors it

contained. The prevalence of the risk factor category therefore can be measured in two different ways: In how many of the total of situations did the categories show up at least once, and how many times was a category selected regardless if it was selected multiple times in the same discussion. Both numbers are presented here.

6.5.1.1 Risk factor categories: Number and percentage of situations

The seven largest risk factor categories were present in over one third of all situations. 150 situations (62% of all situations) showed 'Alcohol' as a risk factor category, followed by 'Criminal Involvement' (123 situations, 51%), 'Parenting' (110 situations, 45%), 'Mental Health' (103 situations, 43%), 'Physical Violence' (103 situations, 43%), 'Missing School' (97 situations, 40%), 'Drugs' (89 situations, 37%), 'Crime Victimization' (63 situations, 26%), 'Negative Peers' (51 situations, 21%), 'Suicide' (38 situations, 16%), 'Missing/ Runaway' (37 situations, 15%), 'Emotional Violence' (36 situations, 15%), 'Antisocial Behaviour' (34 situations, 14%), 'Physical Health' (27 situations, 11%), 'Self-Harm' (26 situations, 11%), 'Housing' (24 situations, 10%), 'Gangs' (12 situations, 5%), 'Supervision' (10 situations, 4%), 'Poverty' (8 situations, 3%), 'Social Environment' (6 situations, 2%), 'Sexual Violence' (4 situations, 2%), 'Threat to Public Health' (3 situations, 1%), 'Elderly Abuse' (3 situations, 1%), 'Unemployment' (2 situations, 1%), and 'Neglect' (2 Situations, 1%). The risk category 'Gambling' was not selected.
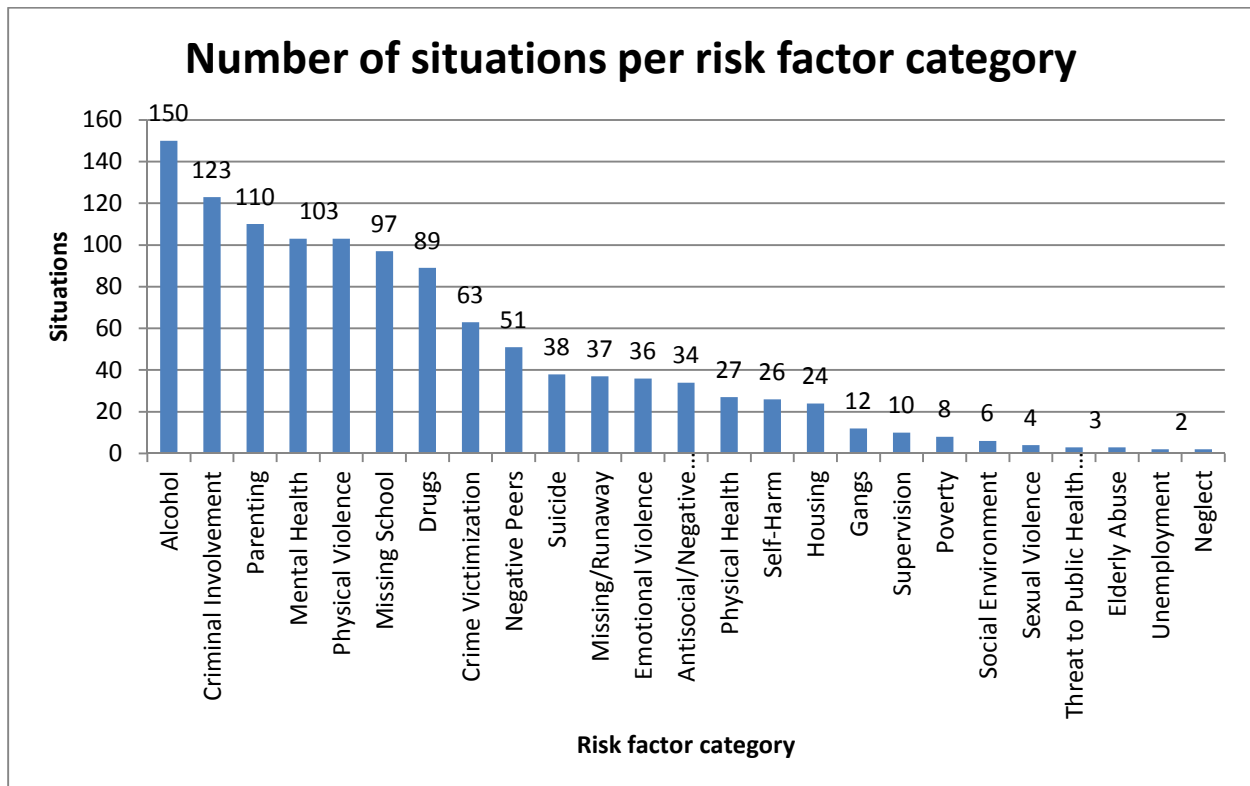
This result is consistent with the Executive Steering Committee's (ESC) decision of making Alcohol and Parenting CMPA's major lines of business for the year 2013.

A chart indicating the percentage of situations per risk category can be found below:

Percentage of situations per risk factor category
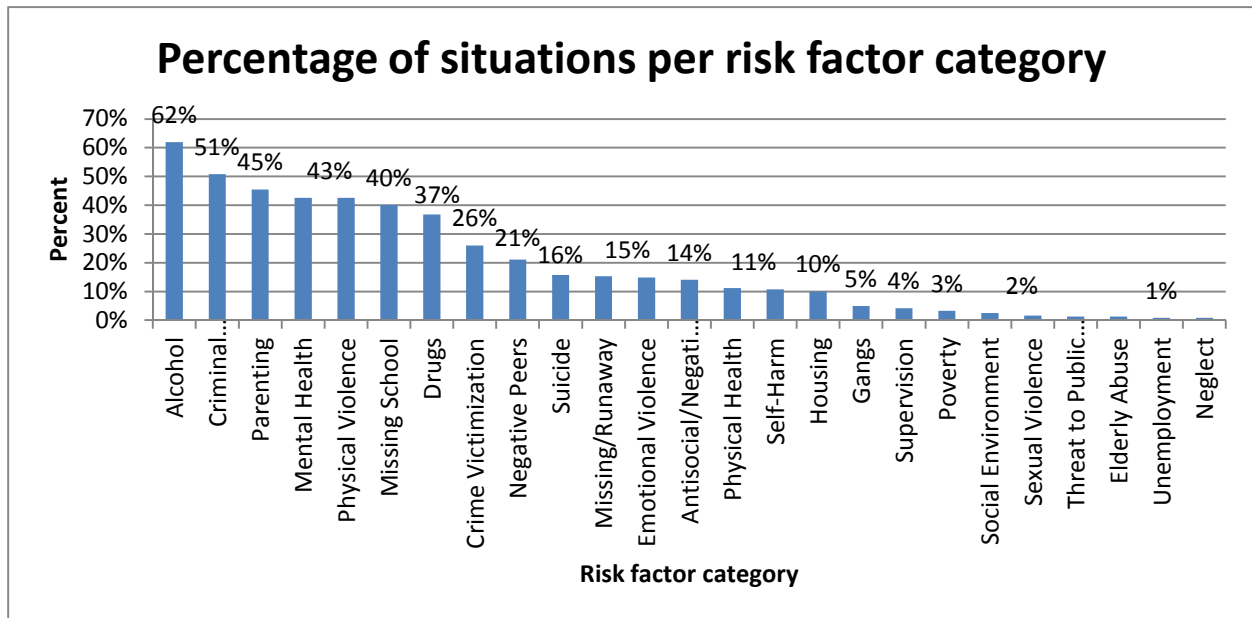
6.5.1.2 Risk factor categories and lead agency

The situations the lead agencies were faced with included risk factor categories that could not appropriately be addressed by the lead agency alone. The Hub discussion enabled the lead agencies to coordinate and deliver integrated services to properly address such risk situations. The major risk factor categories were found in the following percentage of situations in which the agency was lead agency.

Seven major risk categories: Presence per lead agency
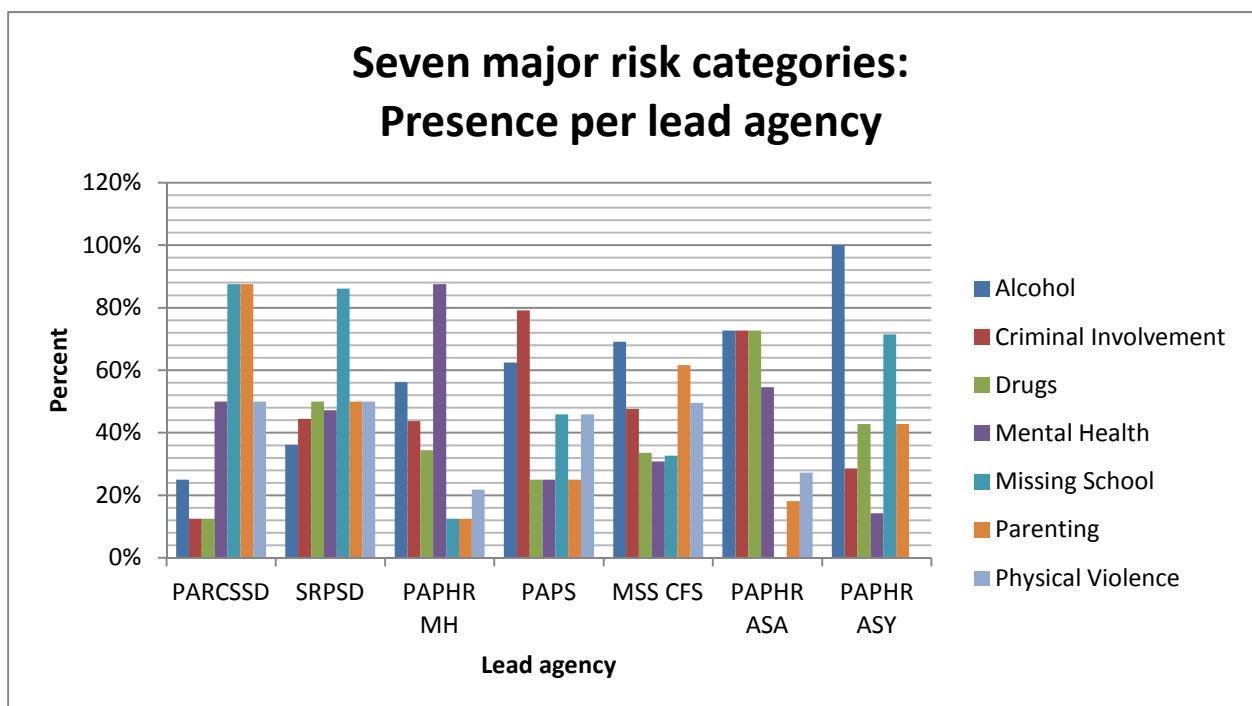
Education was the lead agency in situations that showed 'Missing School' the most often. Around 50% of their situations also showed 'Mental Health', 'Physical Violence' and/or 'Parenting' as a risk. Additionally 'Drugs', 'Criminal Involvement', and/or 'Alcohol' were major risks in situations in which one of the school divisions was lead agency (36% to 50% of the lead agency's situations).

88% of the situations under the lead of **PAPHR MH** showed 'Mental Health' as a risk category (excluding suicide and self-harm), 56% 'Alcohol', 44% 'Criminal Involvement', 34% 'Drugs', and 22% 'Physical Violence'.

Besides 'Criminal Involvement' **PAPS** was faced with the major risk category 'Alcohol' in 62% of the situations they were the lead agency in. 46% of their situations also showed 'Physical Violence' and/or 'Missing School', 24% 'Drugs', 'Mental Health', and/or 'Parenting'.

MSS CFS as a lead agency was faced with 69% of their situations involving 'Alcohol' as a risk category, 61% 'Parenting', followed by 49% 'Physical Violence', 48% 'Criminal Involvement', 34% 'Drugs', 32% 'Missing School', and 30% 'Mental Health'.

PAPHR ASA was faced with72% of their situations showing 'Alcohol', 'Criminal Involvement', and/or 'Drugs' as a risk. They also dealt with many situations with 'Mental Health' risks (54% of their situations). Every situation **PAPHR ASY** was the lead agency in had 'Alcohol' as a risk category. 72% of those situations also showed 'Missing School', 42% 'Parenting' and/or 'Drugs', while 28% contained 'Criminal Involvement' and 14% 'Mental Health' issues.

Involving assisting agencies allowed integrated service delivery. The risks were addressed in their entirety resulting in risk mitigation that was comprehensive and likely more sustainable.

6.5.1.3   Risk factor categories and assisting agency

The major risk factor categories were found in the following percentage of situations in which the agency was assisting agency.
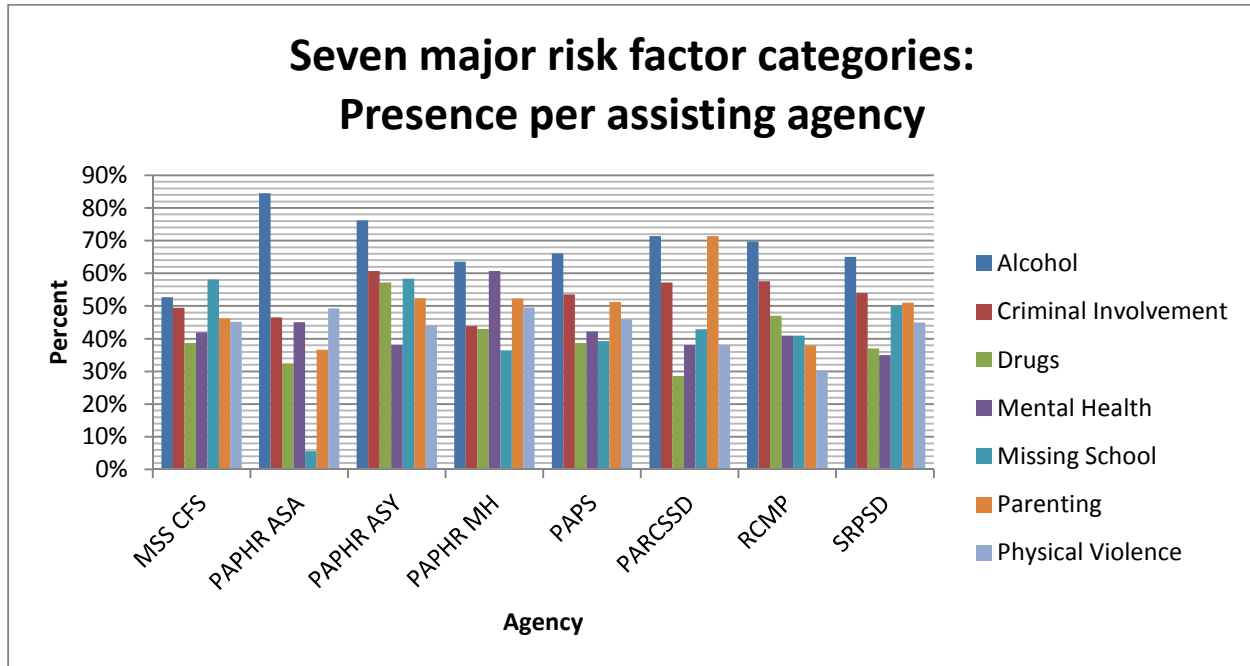
Seven out of eight assisting agencies saw alcohol as the most frequent risk category in the situations they assisted with. **MSS CFS** as an assisting agency was confronted the most often with 'Missing School' (58%), 'Alcohol' (53%), and/or 'Criminal Involvement' (49%), followed by 'Parenting' (46%), 'Physical Violence' (45%), 'Mental Health' (42%) and/or 'Drugs' (38%).

84% of the situations **PAPHR ASA** was assisting with included the risk category 'Alcohol', followed by 'Physical Violence' (49%), 'Criminal Involvement' (46%), 'Mental Health' (45%), 'Parenting' (36%), 'Drugs' (32%), and 'Missing School' (6%). Also **PAPHR ASY** as an assisting agency dealt with 'Alcohol' the most often, but only in 76% of the situations, followed by 'Criminal Involvement' (60%), 'Missing School' (58%), 'Drugs' (57%), 'Parenting' (52%), 'Physical Violence' (44%), and 'Mental Health' (38%).

PAPHR MH was faced with the risk category 'Alcohol' in 64% of situations they assisted with, followed by 'Mental Health' with 60%, 'Parenting' (52%),'Physical Violence'(49%), 'Criminal Involvement' (44%), 'Drugs' (42%), and 'Missing School' (36%).

When **PAPS** assisted the major risk categories were represented by 'Alcohol' with 66%, 'Criminal Involvement' (53%), 'Parenting' (51%), 'Physical Violence' (46%), 'Mental Health' (42%), 'Missing School' (39%), and 'Drugs' (38%).

The situations **PARCSSD** assisted in showed 'Alcohol' and/or 'Parenting' each in 71% of situations, followed by 'Criminal Involvement' (57%), 'Missing School' (43%), 'Mental Health' and/or 'Physical Violence' with each 38%, and 'Drugs' (28%).

70% of the situations the **RCMP** dealt with as an assisting agency showed 'Alcohol' as a risk category, followed by 'Criminal Involvement' (57%), 'Drugs' (47%), 'Mental Health' and 'Missing School' each with 41%, Parenting (38%), and 'Physical Violence' (30%).

SRPSD saw the risk category 'Alcohol' in 65% of situations they assisted with, followed by 'Criminal Involvement' (54%), 'Parenting' (51%), 'Missing School' (50%), 'Physical Violence' (45%), 'Drugs' 37%, and 'Mental Health' (34%).

The risk categories the assisting agencies were involved with belonged in large percentages to their areas of expertise. The situations therefore had a high potential for benefitting from the assisting agencies' involvement. In other words, the assisting agencies were involved in the right situations.

Considering the risk categories the lead and assisting agencies were confronted with it seems reasonable to provide appropriate training to ensure staff is fit to appropriately deal with diverse risk (e.g. that they know when to make referrals to the appropriate agency or the Hub discussion if indicated and/or appropriately consider in their service delivery that multiple and diverse risks are present).

Not only acutely elevated risk situations identified and brought forward to the Hub discussion will show various risk categories. Also a large number of situations the agencies are dealing with separate from the Hub discussion will show a rich mix of multiple and diverse risks. Also those situations can likely most successfully be addressed in an integrated approach.

6.5.1.4   *Risk factor categories compared to the previous study period*
Compared to the previous study period substance abuse was now more prevalent (57% compared to 62% for 'Alcohol' plus 37% for 'Drugs'). 'Criminality' had been found in 56% of the situations and now was present in 51% of situations. A history of victimization had been found in 41% of the situations previously. In the present study period 'Physical Violence' was present in 43% of situations. 26% of situations showed the risk category 'Crime Victimization'.

Large differences compared to the previous study period were found regarding the risk categories 'Missing School' and 'Parenting'. Only 14% of the individuals discussed in the previous study period had been determined to be truant. That number was increased to 40% of individuals presently. Parenting had been an issue in 19% of situations and now was addressed in 45% of situations. The same can be said with regards to mental health issues (30% compared to new 43%).

The reason for the large discrepancies likely is connected to the systematic collection of risk factors under the new data collection mechanism. It can be expected that consistent data collection over the course of several years will allow for a more meaningful comparison between study periods.

6.5.1.5   *Risk factor categories and their companions*

The risk factor categories that appeared the most often together with one or several of the seven largest risk factor categories were almost exclusively risk factor categories from those seven largest categories. The examination of companion ships could be of interest for the examination of causal connections between risk categories and their hierarchy among each other. The high number of 'Physical Violence' situations for instance that are also showing 'Alcohol' could be a sign that 'Alcohol' is promoting 'Physical Violence' whereas 'Physical Violence' is promoting 'Alcohol' less often: Only 49% of situations involving 'Alcohol' also show 'Physical Violence' as a risk category. Similar observations can be made with 'Parenting' and 'Alcohol' or with 'Drugs' and 'Criminal Involvement'.

The risk factor category **'Alcohol'** appeared the most often with 'Physical Violence' (49% of situations
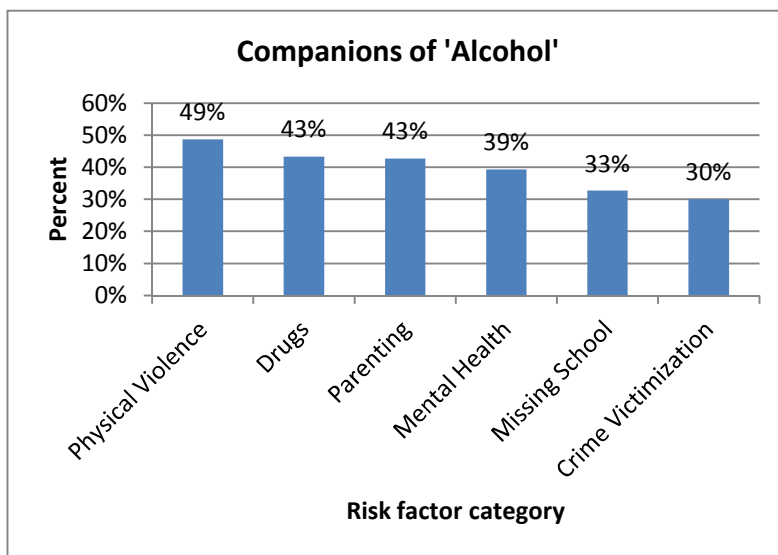
involving 'Alcohol' as a risk category), followed by 'Drugs' (43%), 'Parenting' (43%), 'Mental Health' (39%), 'Missing School' (33%), and 'Crime Victimization' (30%).

Compared to some of the other risk categories 'Alcohol' did not show particularly close ties to another risk category. The closest companion of 'Alcohol' only was present in 49% of 'Alcohol' related situations. This is a sign that 'Alcohol' is widespread throughout the risk categories.

'Physical Violence' in return appeared by far the most often with the risk factor category 'Alcohol' (71% of the situations showing 'Physical Violence' as a risk category). 'Physical Violence' therefore is showing a very strong connection with alcohol.

The second largest companion of 'Physical Violence' was 'Parenting' (51%), followed by 'Criminal Involvement' (44%), 'Mental Health' (37%), 'Crime Victimization' (34%), and 'Drugs' (30%).

Companions of 'Drugs'
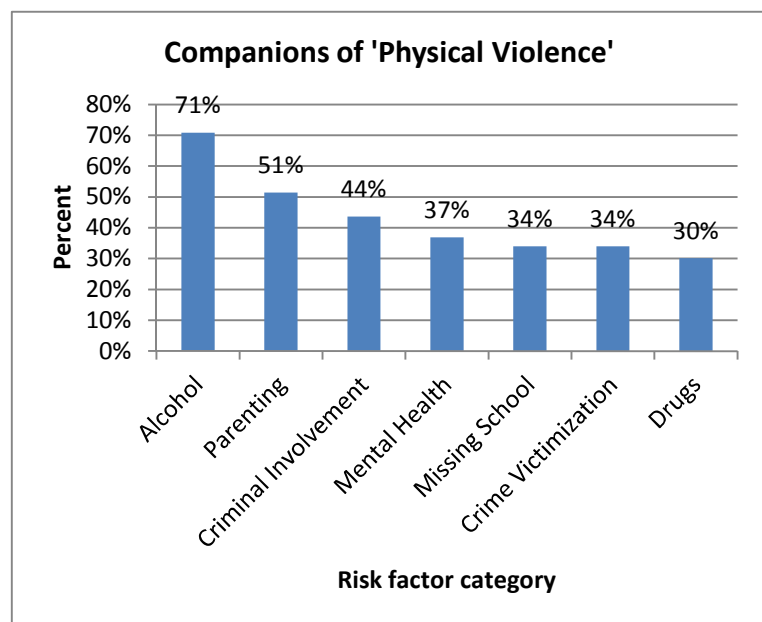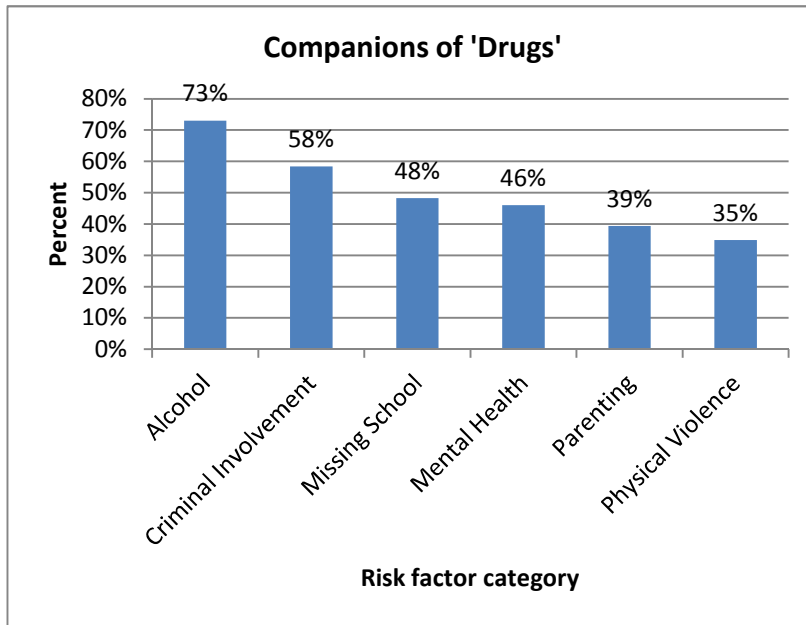
'Drugs' was accompanied by 'Alcohol' in 73% of 'Drug' related situations. 'Alcohol' was also the main companion of 'Criminal Involvement', 'Parenting', and 'Mental Health'. 'Drugs' was accompanied by 'Physical Violence' less often than this was the case with 'Alcohol' (35% of the 'Drug' situations compared to 49% of the 'Alcohol' situations).

In terms of **'Criminal Involvement'** 'Alcohol' was present in 64% of situations. This is the third largest presence of 'Alcohol' behind situations showing 'Drugs' with 73% 'Alcohol' related situations and the situations showing 'Physical Violence' with 71% of situations showing also 'Alcohol'. 'Drugs' was present in 42% of 'Criminal Involvement' situations, closely followed by 'Parenting' (41%), 'Mental Health' (38%), 'Missing School' (37%), and 'Physical Violence' (37%).

Companions of 'Criminal Involvement'

Companions of 'Mental Health'
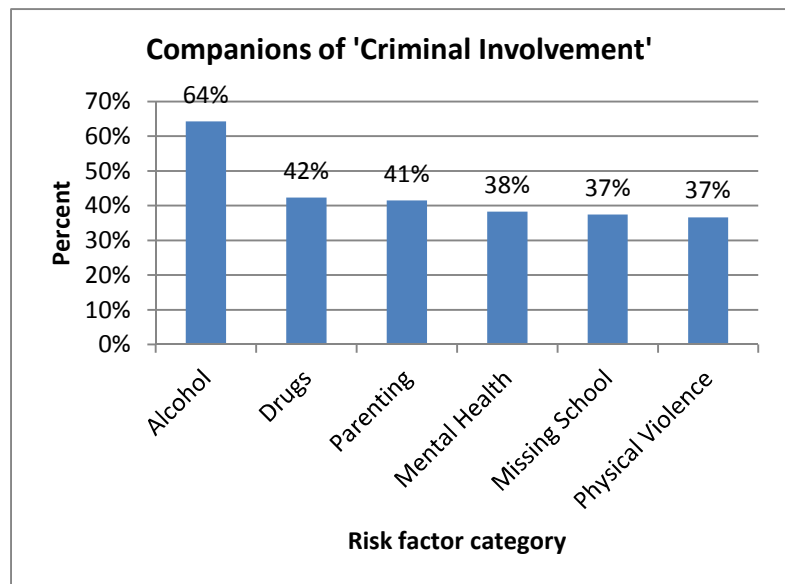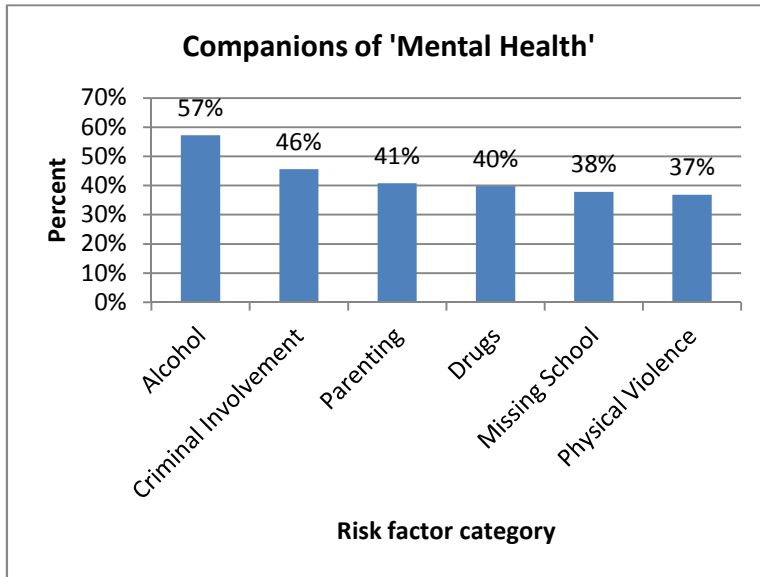
‘Mental Health’ was heavily accompanied by ‘Alcohol’ (57% of ‘Mental Health’ situations), ‘Criminal Involvement’ (46%) and ‘Parenting’ (41%). It also showed a strong connection to ‘Drugs’ (40%), ‘Missing School’ (38%), and ‘Physical Violence’ (37%).

The number one risk factor category in situations showing **‘Parenting’** issues was ‘Alcohol’, followed by ‘Missing School’ (52%) of situations, ‘Physical Violence’ (48%), ‘Criminal Involvement’ (46%), ‘Mental Health (38%), and ‘Drugs’ (32%).

Companions of 'Parenting'

Companions of 'Missing School'
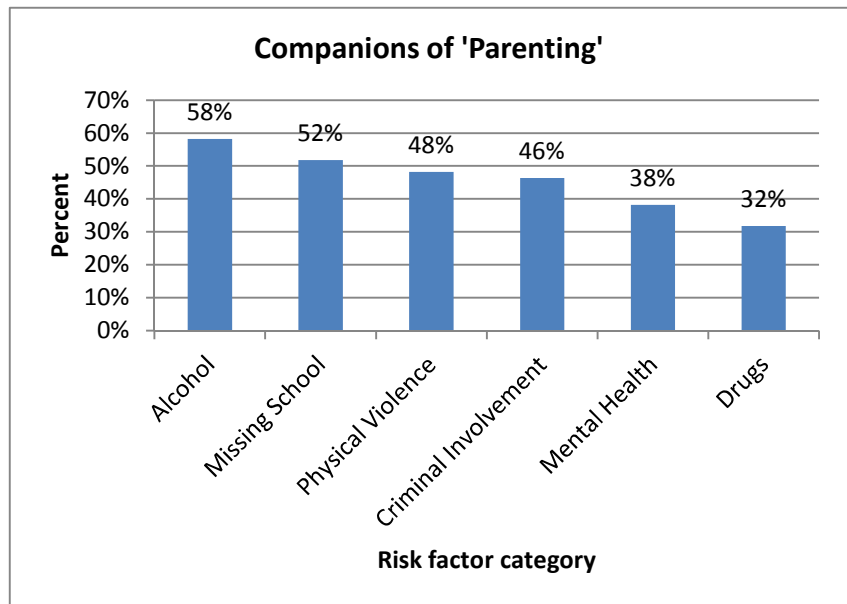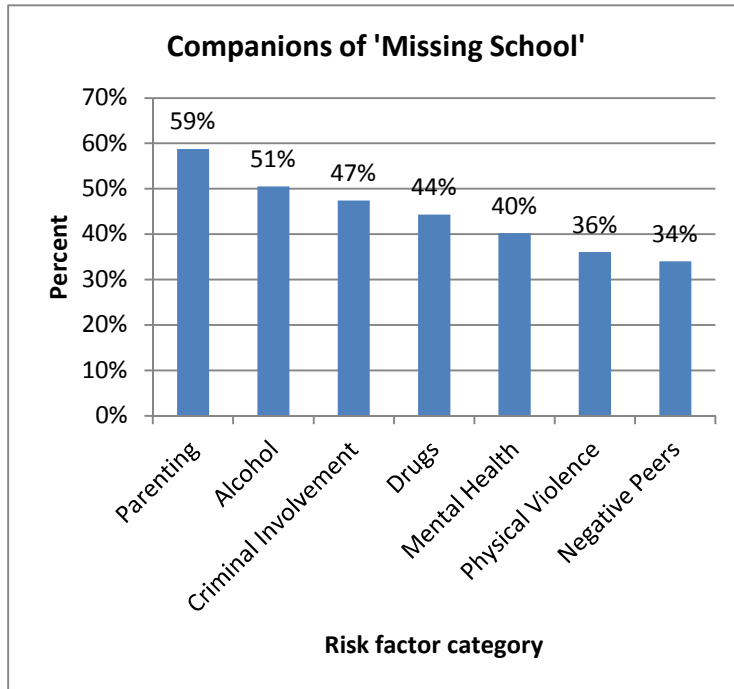
'Parenting' was the largest companion of **'Missing School'** with 59% of situations. 'Missing School' showed a high percentage of situations related to 'Alcohol' (51%), 'Criminal Involvement' (47%), and 'Drugs' (44%). Also 'Mental Health' (40%) and 'Physical Violence' (36%) seemed to be strongly connected to missing school.

The only risk factor category that appeared with a share of over 30% in the situations showing at least one of the seven largest risk factor categories was 'Negative Peers' with a share of 34% of all situations showing 'Missing School' as a risk factor category.

6.5.2   Risk factors

In the 242 situations discussed a total of 1474 individual risk factors from the 26 risk categories were tracked resulting in an average of 6.1 tracked risk factors per situation.

6.5.2.1   Top 10 risk factors

The top ten risk factors found were 'Alcohol abuse' with 90 situations (37% of all situations), 'Truancy' in 79 situations (33%), 'Not receiving proper parenting' in 67 situations (28%), 'Criminal Involvement – other' in 62 situations (26%), 'Associating with negative peers' in 51 situations (21%), 'Suspected mental health problem' in 49 situations (20%), 'Theft' in 42 situations (17%), 'Drug abuse' in 40 situations (17%), 'Victim of physical violence' in 40 situations (17%), and 'Physical violence in the home' with 39 situations (16%):

Top 10 risk factors:
Number and percentage of situations

Risk factor	Number of situations
Alcohol abuse	90 = 37%
Truancy	79 = 33%
Not receiving proper parenting	67 = 28%
Criminal Involvement - other	62 = 26%
Associating with negative peers	51 = 21%
Suspected mental health problem	49 = 20%
Theft	42 = 17%
Drug abuse	40 = 17%
Victim of physical violence	40 = 17%
Physical violence in the home	39 = 16%
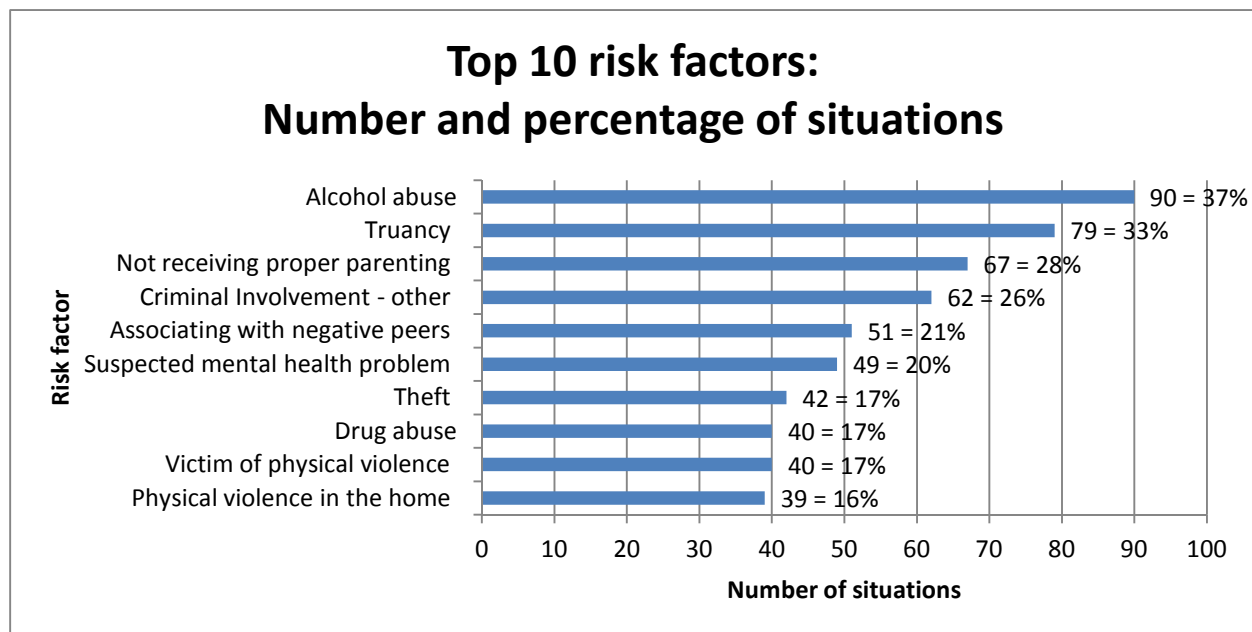
The top ten risk factors are consistent with the high agency involvement of PAPHR ASA/ ASY (alcohol and drug), PAPHR MH (suspected mental health problem), Education (truancy), PAPS (criminal involvement/ physical violence), and MSS CFS (parenting, truancy, alcohol/ drug abuse involving children, physical violence involving children).

6.5.2.2   Risk factors: Main risk factors per age group

The main risk factors in the three largest age groups were examined. The age group of the seniors was left out due to the low number of situations it contained. The three age groups showed differences in the nature and prevalence of their primary risk factors. Some risk factors appeared in all the three age groups. This was the case with 'Criminal Involvement', 'Drug abuse', 'Physical violence' and 'Suspected mental health problem'.

'Truancy' and 'Not receiving proper parenting' were the two top risk factors in both the age group of the children and the age group of the youth. The children showed a very high percentage of the risk factor

'Truancy' (79%) while the youth showed 'Truancy' in 46% of their situations. Parenting was not only found in the age groups of the children and youth, but also in the adult cohort with 24% of adults 'Not providing proper parenting'. This is showing that at least 24% of the situations concerning an adult were directly connected to a child or a youth. This is 21 situations.

Whereas in the age group of the 12 to 17 year olds 7 risk factors were present in 20% or more situations, the age group of the 18 to 64 year olds only showed 6 risk factors that showed such a high presence, the 0 to 11 year olds only 5 such risk factors.
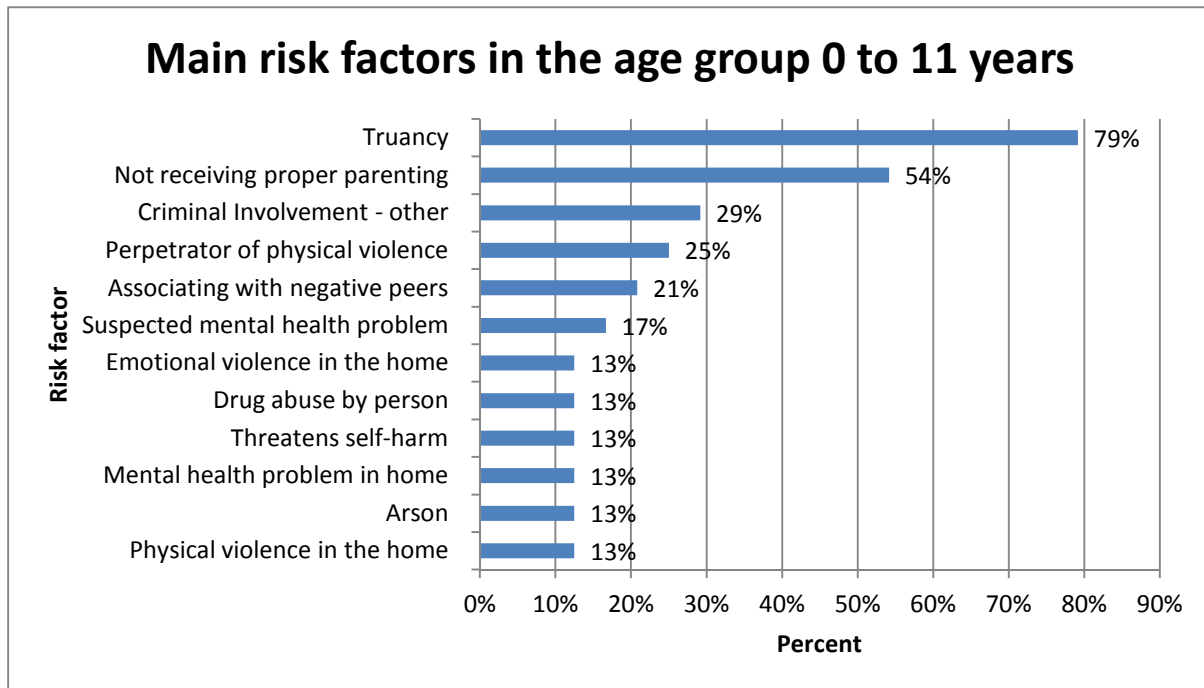
The youth showed a high number of risk factors that was present in more than 16% of situations (12 risk factors). The adults showed 8 risk factors with such a high presence, while the children showed 6 risk factors that were present in 17% or more of the situations.

Main risk factors in the age group 12 to 17 years

Risk factor	Percent
Truancy	46%
Person not receiving proper parenting	41%
Associating with negative peers	33%
Alcohol abuse by person	31%
Criminal Involvement - other	26%
Theft	24%
Perpetrator of physical violence	20%
Alcohol use by person	19%
Drug use by person	18%
Suspected mental health problem	17%
Drug abuse by person	17%
Parent-child conflict	17%
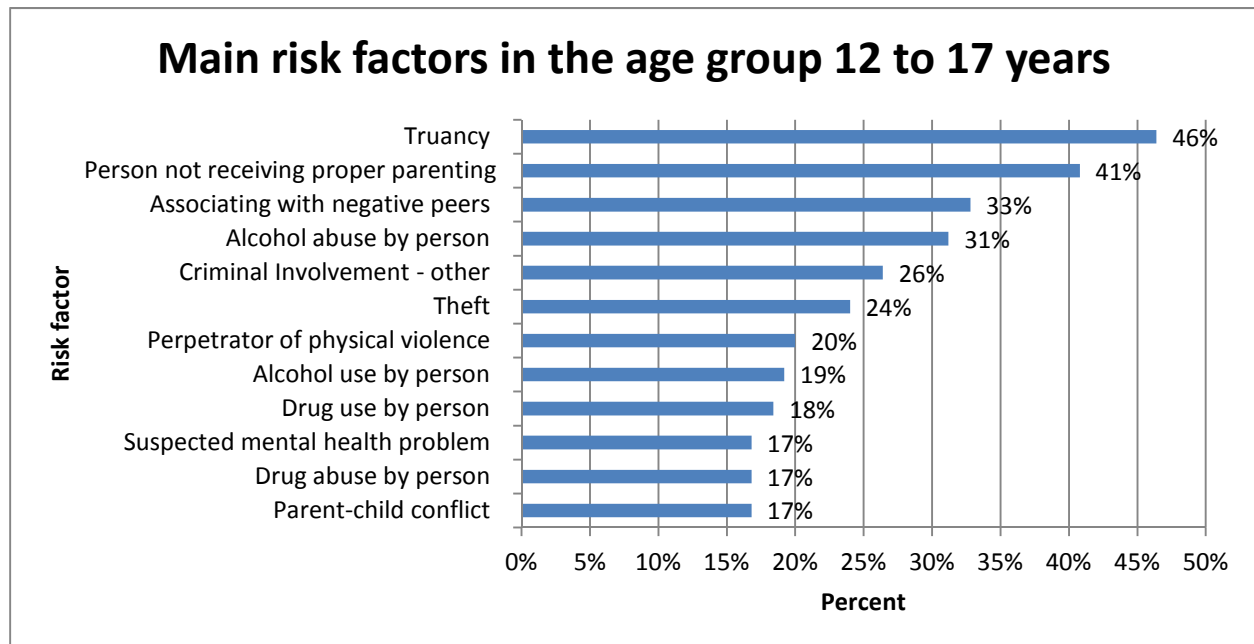
'Truancy' and 'Not receiving proper parenting' were followed by 'Associating with negative peers' (33%), 'Alcohol abuse' (31%).

'Alcohol abuse' and 'Alcohol use' together made up 50% of the youth situations promoting Alcohol' to the number two risk factor in acutely elevated risk situations involving 12 to 17 year olds. 'Drug use' or 'Drug abuse' was found in a total of 35% of situations involving youth. 17% of the youth showed a 'Suspected mental health problem', the same number of individuals was in a 'Parent-child conflict'. One of every 5 youth discussed was a perpetrator of physical violence, 24% showed the risk factor 'Theft', 26% showed 'Criminal Involvement - other'.

Main risk factors in the age group 0 to 11 years

Risk factor	Percent
Truancy	79%
Not receiving proper parenting	54%
Criminal Involvement - other	29%
Perpetrator of physical violence	25%
Associating with negative peers	21%
Suspected mental health problem	17%
Emotional violence in the home	13%
Drug abuse by person	13%
Threatens self-harm	13%
Mental health problem in home	13%
Arson	13%
Physical violence in the home	13%

13% of the children aged 0 to 11 years showed 'Drug abuse' as a risk factor whereas the consumption of alcohol was not found in the 12 largest risk factors in that age group. Drugs seem to be a larger issue with the 0 to 11 year olds than alcohol. The opposite is the case with the youth and adults. They showed a higher prevalence of alcohol than of drugs.

Main risk factors in the age group 18 to 64 years

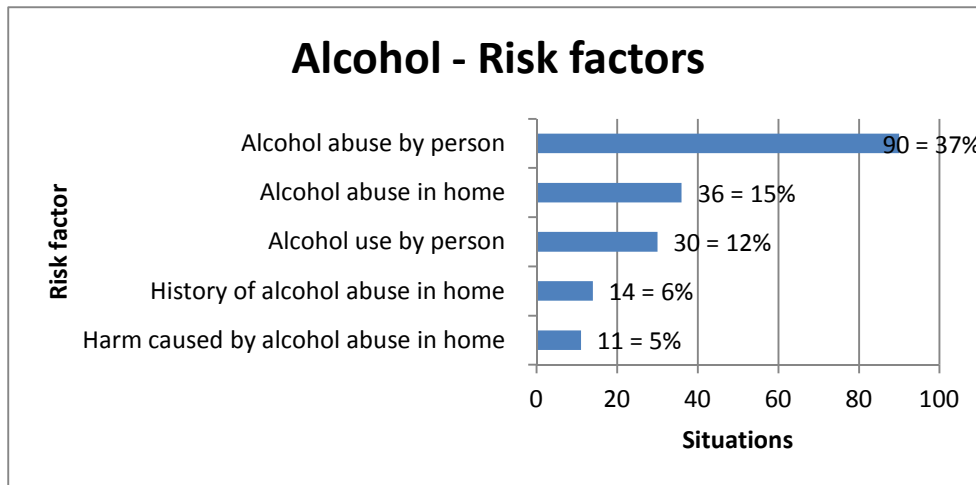| Risk factor	Percent
Alcohol abuse by person	55%
Criminal Involvement - other	26%
Victim of physical violence	25%
Suspected mental health problem	24%
Not providing proper parenting	24%
Alcohol abuse in home	21%
Drug abuse by person	18%
Physical violence in the home	18%
Grief	16%
Assault	16%
Diagnosed mental health problem	16%
No access to appropriate housing	15%
Current suicide risk	14%
Exhibiting antisocial/negative behaviour	13%

Within the adult cohort the risk factor 'Alcohol abuse' was present by far the most often (55%) of situations, followed by criminal involvement. 25% of the adults were victims of physical violence, 24% had a 'Suspected mental health problem' whereas this was the case in only 17% of situations with the children and youth.
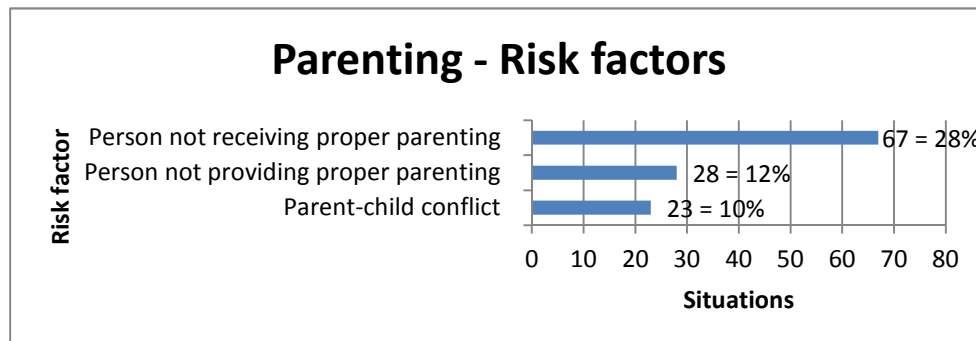
6.5.2.3 *Risk factors per risk factor category*

The 26 risk factor categories contained a total of 105 separate risk factors. The following is an overview of the risk factors in the eight risk categories found the most often. The number of situations and the equivalent percentage of the total number of situations are indicated beside the graph for each risk factor.

In the risk factor category 'Alcohol' the most prevalent risk factor was 'Alcohol abuse by person' (37% of the total of all situations) followed by 'Alcohol abuse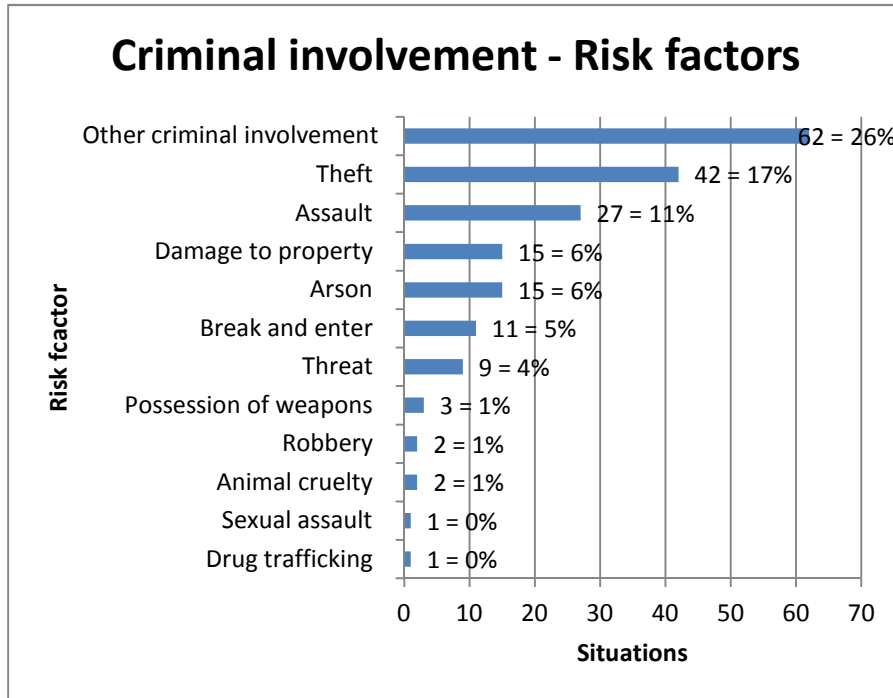 in home' (15%), 'Alcohol use by person' (12%), 'History of alcohol abuse in home' (6%), and 'Harm caused by alcohol abuse in home' (5%). 49% of the situations showed the consumption of alcohol by the individual as a risk factor.

In 40% of the situations a child was not provided with proper parenting (not receiving proper parenting in 28%, not providing proper parenting in 12% of situations). 10% of all situations included the risk factor 'Parent-child conflict'.

Criminal involvement - Risk factors

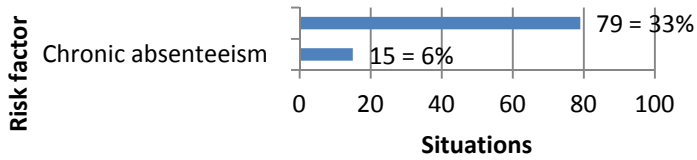| Risk factor	Situations
Other criminal involvement	62 = 26%
Theft	42 = 17%
Assault	27 = 11%
Damage to property	15 = 6%
Arson	15 = 6%
Break and enter	11 = 5%
Threat	9 = 4%
Possession of weapons	3 = 1%
Robbery	2 = 1%
Animal cruelty	2 = 1%
Sexual assault	1 = 0%
Drug trafficking	1 = 0%

The type of 'Criminal Involvement' found the most often was 'Theft' with 17% of situations, followed by, 'Assault' (11%), 'Damage to property' (6%), 'Arson' (6%), 'Break and enter' (5%), 'Threat' (4%), 'Possession of Weapons', 'Robbery', 'Animal Cruelty' (each 1%), 'Sexual Assault', and 'Drug Trafficking'. The risk factor 'Other criminal involvement' was found in 26% of situations.

In the 'Mental Health' risk category 'Suspected mental health problem' was the most prevalent risk factor. It was present in every 5th situation discussed (20%), followed by 'Grief' (11%), 'Diagnosed mental health problem' (9%), 'Mental health problem in the home' (5%), 'Not following prescribed treatment' (4%), 'Witnessed traumatic event' (2%), and 'Self-reported mental health problem'.
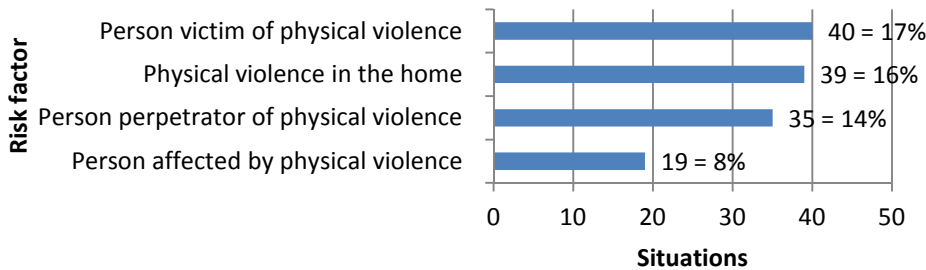
Mental health - Risk factors

Risk factor	Situations
Suspected mental health problem	49 = 20%
Grief	26 = 11%
Diagnosed mental health problem	22 = 9%
Mental health problem in home	12 = 5%
Not following prescribed treatment	9 = 4%
Witnessed traumatic event	4 = 2%
Self-reported mental health problem	3 = 1%
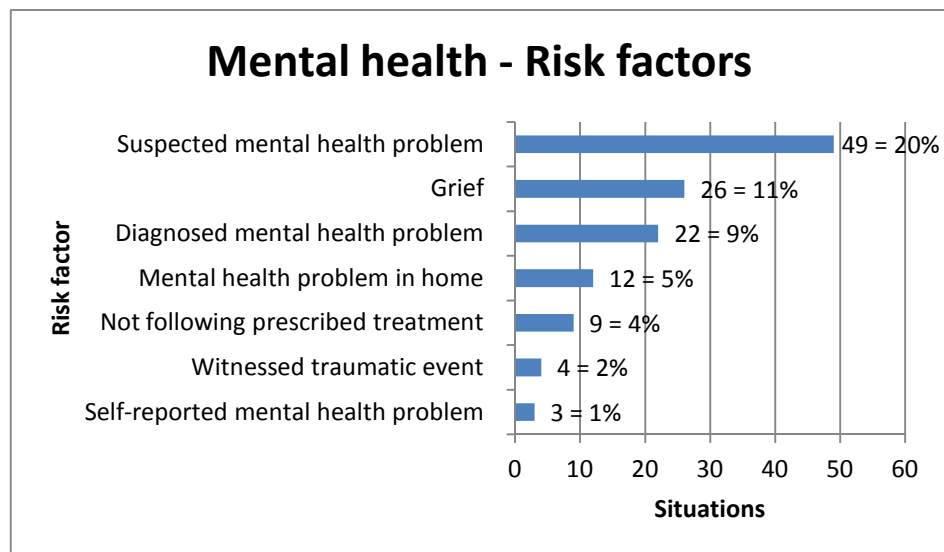
Missing school - Risk factors

Chronic absenteeism 79 = 33%
15 = 6%

Risk factor — Situations (0, 20, 40, 60, 80, 100)

In 33% of the situations discussed a child was truant, in 6% of situations missing school manifested itself in the form of 'Chronic absenteeism'. This is resulting in a total of 39% of situations that showed the risk factor category 'Missing school'.

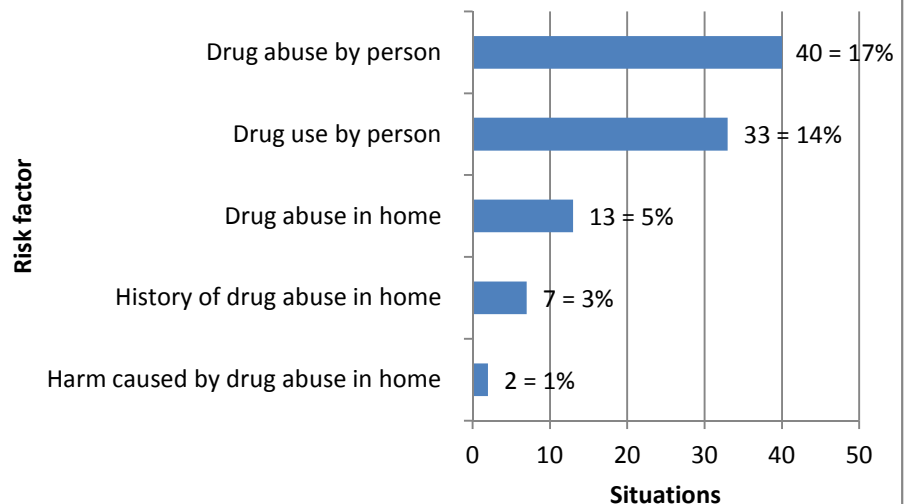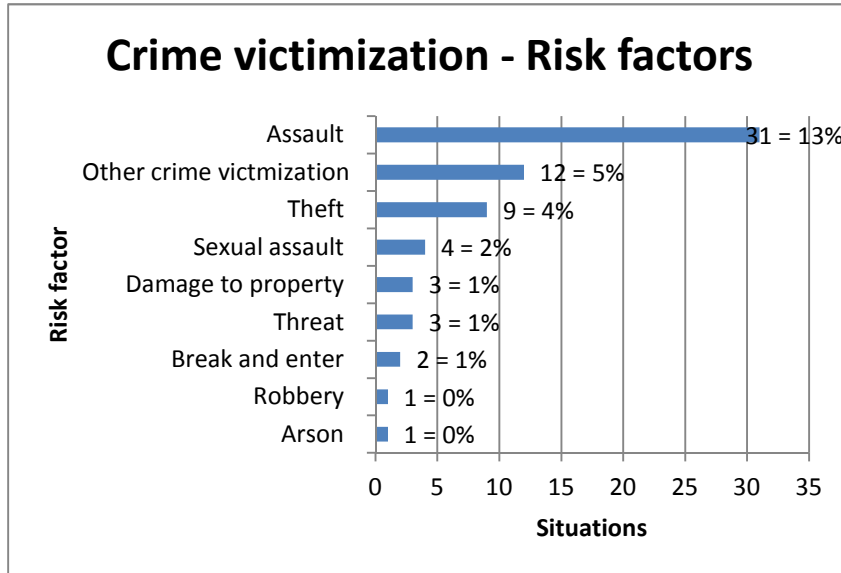In 17% of the situations the individual was a victim of physical violence, 16% of situations showed 'Physical violence in the home'. 14% of the individuals discussed were a 'Perpetrator of physical violence', in 8% of the situations the person was 'Affected by physical violence'.

Physical violence - Risk factors

Person victim of physical violence — 40 = 17%
Physical violence in the home — 39 = 16%
Person perpetrator of physical violence — 35 = 14%
Person affected by physical violence — 19 = 8%

Risk factor — Situations (0, 10, 20, 30, 40, 50)

In 31% of the situations the individual consumed drugs ('Drug abuse by person' [17%], and 'Drug use by person [14%]). The prevalence of drug consumption was therefore comparable to the consumption of alcohol which was present in 49% of situations.

5% of all situations showed the risk factor 'Drug abuse in the home', followed by 'History of drug abuse in home' with 3%, and 'Harm caused by drug abuse in home' with 1% of situations.

Drugs - Risk factors

Drug abuse by person — 40 = 17%
Drug use by person — 33 = 14%
Drug abuse in home — 13 = 5%
History of drug abuse in home — 7 = 3%
Harm caused by drug abuse in home — 2 = 1%

Risk factor — Situations (0, 10, 20, 30, 40, 50)

Crime victimization - Risk factors

| Risk factor	Situations
Assault	31 = 13%
Other crime victmization	12 = 5%
Theft	9 = 4%
Sexual assault	4 = 2%
Damage to property	3 = 1%
Threat	3 = 1%
Break and enter	2 = 1%
Robbery	1 = 0%
Arson	1 = 0%

13% of the individuals discussed a victim of an 'Assault'. 4% a victim of 'Theft', 2% of 'Sexual assault', 1% of 'Damage to property', and 1% were a victim of 'Break and enter'. There were one victim of 'Arson' and one victim of 'Robbery' among the individuals supported.

A comparison between the number of individuals that were victims and the number of individuals that were perpetrators of crime showed that the population discussed contained a much higher number of individuals who were criminally active than individuals who were reported to police to have been victimized.

6.6   Conference under the YCJA

The Youth Criminal Justice Act (YCJA) is providing for the option of convening a conference for the purpose of making a decision required to be made under the YCJA (section 19 YCJA). In 31 situations the Hub discussion was held in the form of such conference. This is 13% of all situations discussed. The remaining 87% of situations did not take place in the form of a conference because the YCJA was not applicable due to reasons of age (27%) or the nature of the situation to be discussed (60%).

Number of situations discussed in a YCJA conference

Yes, 31, 13%
NA, 66, 27%
No, 145, 60%

- NA
- No
- Yes
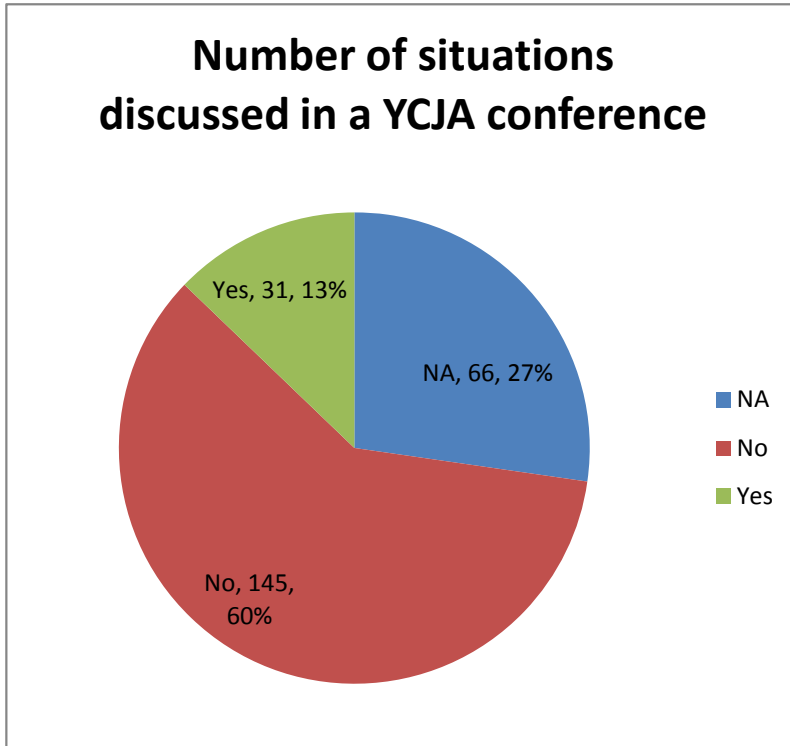
By order- in- council (OC 148-2013) a party to an information-sharing agreement can, under certain conditions, for the purpose of the delivery of an integrated service for the young person or his or her family, be given access to personal information and hence participate in a conference.

6.7   Discussion closure

6.7.1   Closure variables

As soon as the agencies involved had mitigated the acutely elevated risk, they closed the discussion at Hub. The reasons for why the discussion was closed were recorded. 'Connected to services/ cooperative' means that the individual was actually engaged in the services mobilized at the time of closure. 'Informed of services' was used if the individual did not reject the services, but did not engage in them either by the time the discussion was closed. The variable 'Refused services/ uncooperative' was used if the individuals expressed that they do not want to engage in the services offered.

Closure variables

Connected to services/cooperative, 170, 70%
Informed of services, 54, 22%
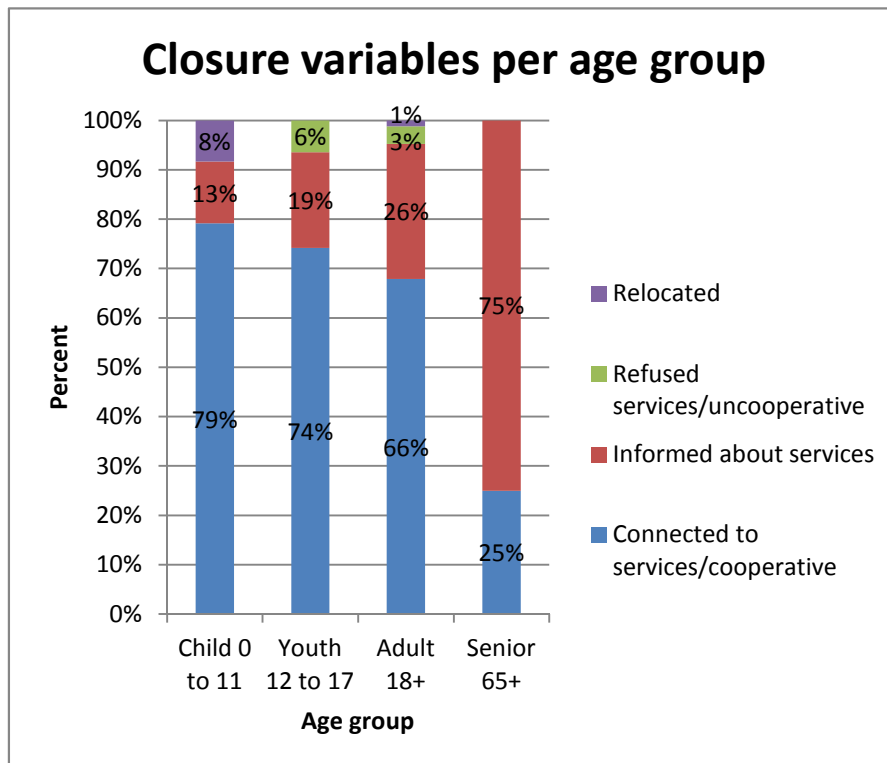Refused services/uncooperative, 11, 5%
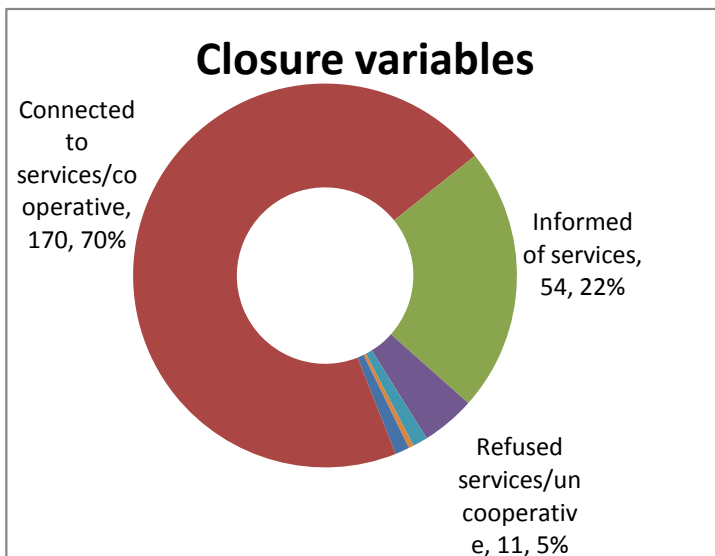
70% of the discussions were considered 'Connected to services/ cooperative'. In 22% of situations the closing variable was 'Informed of services'. 5% of situations saw the variable 'Refused services/ uncooperative'. 3% of situations were closed under the remaining three closing variables 'Unable to locate', 'Relocated', or 'Connected to services in other jurisdiction'.

The vast majority of situations could be connected to the services required. Only very few individuals refused services. It can be noted that from the individuals that were entered as 'Informed of services' some will have engaged in the service at a later point and some will have refused services. Since the Hub discussion was closed at the time the acutely elevated risk was mitigated, there was no information recorded in the central record on whether or not individuals that had been entered as 'Informed of services' later connected or refused services.

6.7.2   Closure variables per age group

The representation of the closure variables differed widely in the age categories. 79% of the children age 0 to 11 were entered as 'Connected to services'. In the age group of the 12 to 17 year olds that rate was only 74%, whereas adults were connected to services significantly less often (66% for the 18 to 64 year olds, and only 25% for the age group 65+). While children and youth were considered informed of services in 13 to 19% of their situations the corresponding portion in the adult categories ranged from 26% (18 to 64 year olds) to as high as 75% for the seniors.

The results obtained for the closure variables per age group suggest that the younger the individuals the more likely the connection to the services mobilized can be established. This is one of the reasons that would support the thesis that at risk individuals should be detected and connected to services as early as possible. Refined risk assessment tools would support mobilization of services at an early point in time.

6.8 Output measures

The output measures included the number of times the agencies met for the Hub discussion, the number of situations the agencies discussed at Hub, the number of individuals discussions they had, the time they spent for the Hub discussion, and the number of agency reported tasks carried out based on the agency participation in the Hub discussion. The implementation of further output measures like more detailed information on what services were provided is still under development.

6.8.1 Individual discussions held and time spent

The agencies met for the Hub discussion 102 times during the study period. The 307 situations were discussed in 992 individual situation specific discussions. The number of discussions required for the 242 situations accepted for discussion was 927. On average there were 3.8 individual discussions per situation that was accepted for discussion and 9.7 discussions per Hub day.

Each of the Hub discussions lasted for 90 minutes, resulting in a total discussion time of 153 hours. The average total discussion time per situation was 35 minutes. Each individual subject specific discussion took an average of 9.3 minutes to complete, this is including time spent on opening and organizational remarks as well as some interagency discussions (filter 4 discussions). The time the agencies spend to actually deliver their services to the individuals discussed is not included here.

6.8.2 Number of situations discussed per month

The agencies discussed 242 situations. The number of situations opened per month ranged from 10 situations in October 2012 to 29 situations in July 2013, averaging 20 situations per month. Discussion closures ranged from 12 discussions in September 2012 to 26 discussions in August 2013. The number of discussions opened was trending upward:
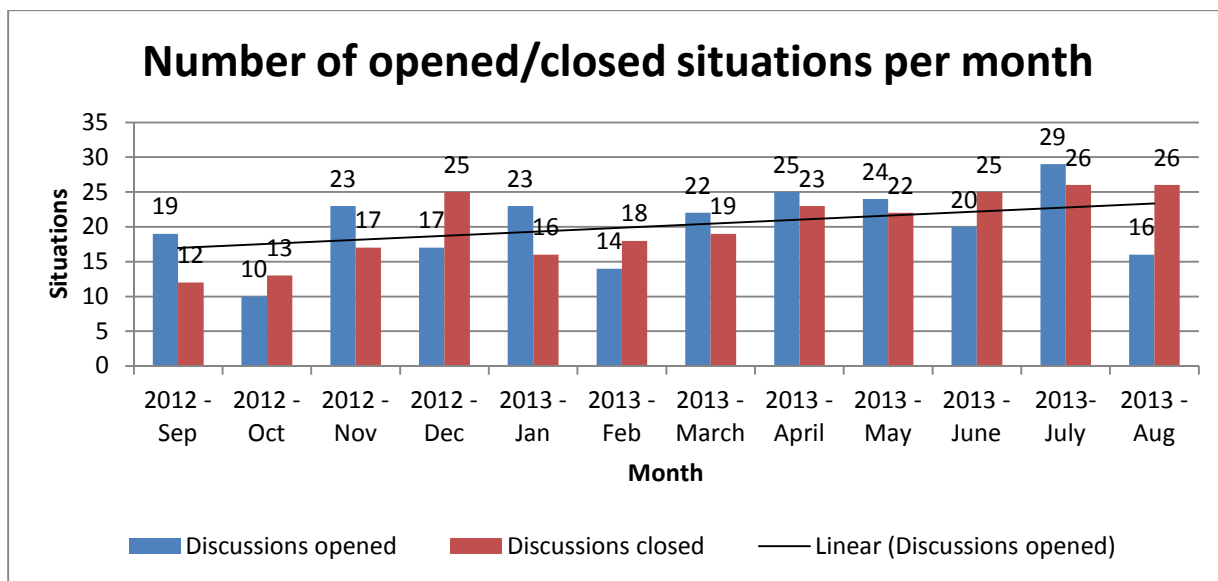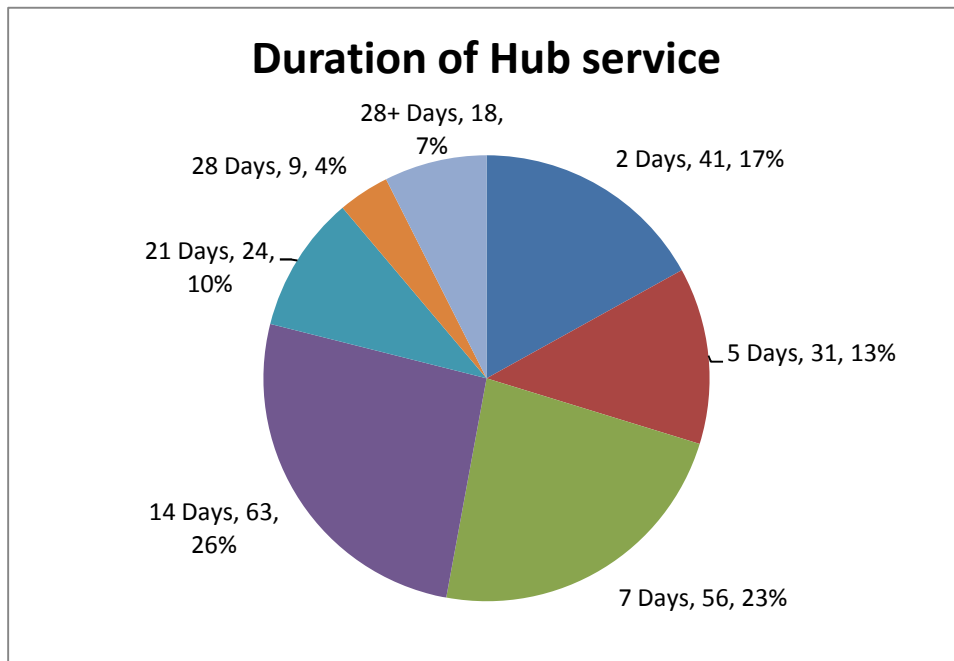
6.8.3   Tasks completed

As part of mitigating the risk the agencies involved defined and carried out specific tasks. The first tasks were typically carried out within 24 to 72 hours post the initial discussion at Hub. The agencies reported 792 completed tasks for the 242 risk situations. This is an average of 3.3 tasks per situation. It was not tracked which agency carried out how many tasks. Once the agencies mitigated the acutely elevated risk the discussion was closed at Hub. The agencies provided further services to the clients if this was still indicated based on the agencies' mandates.

6.9   Duration of service

A discussion was closed once the agencies involved concluded that the acutely elevated risk was mitigated. In 17% of Hub situations the discussion was closed within 2 days. An additional 13% of discussions were closed within 5 days, and yet another 23% within 7 days. In the course of one week 53% of discussions were closed, in the course of two weeks it was 79% of all discussions. 10% of the discussions took three weeks to be closed. 11% of situations required over three weeks to see the discussion closed.

Duration of Hub service

28+ Days, 18, 7%
28 Days, 9, 4%
21 Days, 24, 10%
2 Days, 41, 17%
5 Days, 31, 13%
14 Days, 63, 26%
7 Days, 56, 23%

6.10 The typical Hub discussion

The typical Hub discussion for the present study period can be described as a situation that was brought forward by Social Services, the Prince Albert Police Service, or Education. It concerned a 12 to 17 year old individual in the category 'Child Welfare' showing an average of 6.1 risk factors. The main risk categories were 'Alcohol', 'Criminal Involvement', 'Parenting', 'Mental Health, 'Physical Violence', 'Missing School', 'Drugs', and 'Crime Victimization'. There was direct involvement of 4.8 agencies carrying out an average of 3.3 tasks. The average discussion required 3.8 individual discussions with a total discussion time of 35 minutes. The risk was mitigated and the situation closed within 2 weeks (79% of all situations).

7   Re-Openings

Re-openings are situations that had previously been discussed and closed at Hub. They were divided into two groups: Re-openings for the same reason (same risk) and re-openings for a different reason (different risk).

38 situations of the 242 situations discussed were re-openings which are 16%. In 21% of them (= 8 situations or 3% of the total of situations) the presenting risk was different than the previous time the situation had been discussed. In 79% of re-openings (= 30 situations or 13% of all situations) the presenting risk factors were the same as the previous time.

Re-opened situations

Yes- Same Risk, 30, 13%

(blank), 3, 1%

Yes - Different Risk, 8, 3%

No, 201, 83%
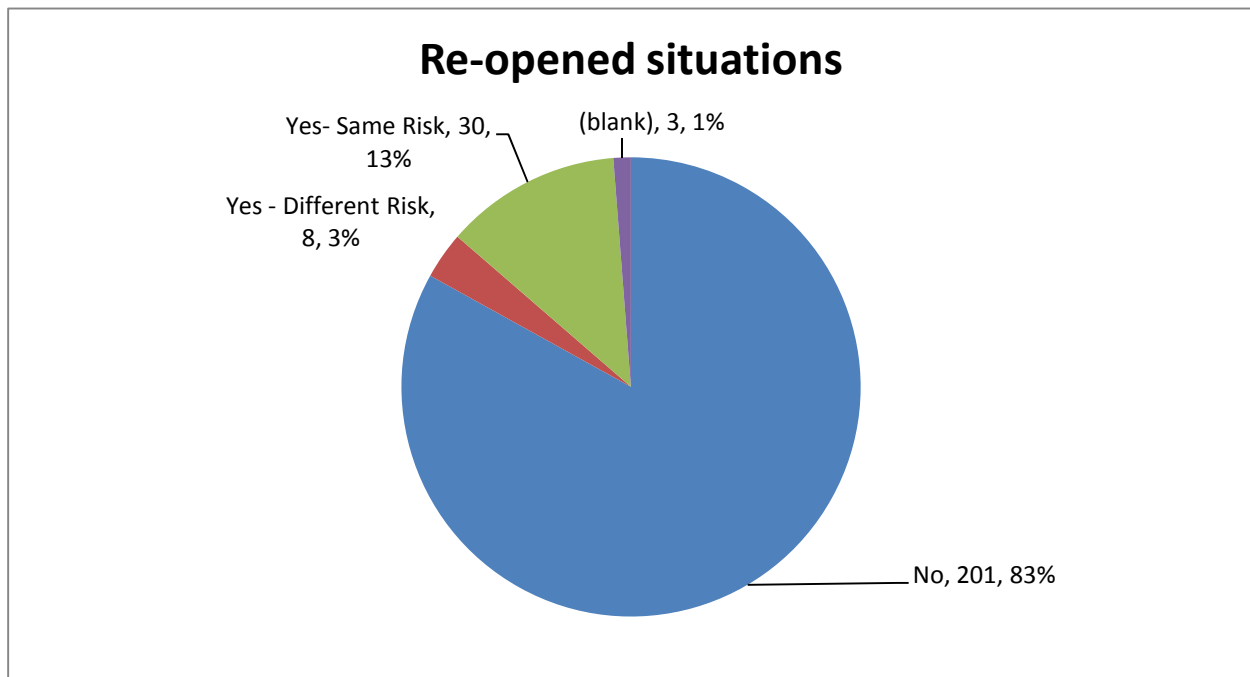
The re-opening rate was slightly higher than in the previous study period (16% compared to 12% of situations). Considering the growing number of individuals the agencies are involved with at Hub a slight increase in re-openings was to be expected.

7.1.1 Re-openings: Age group and gender

The number of re-openings varied largely between the age groups. This is mainly due to the large differences in the number of situations that was discussed per age group. Within some of the age groups there were also large differences in re-openings between the genders.
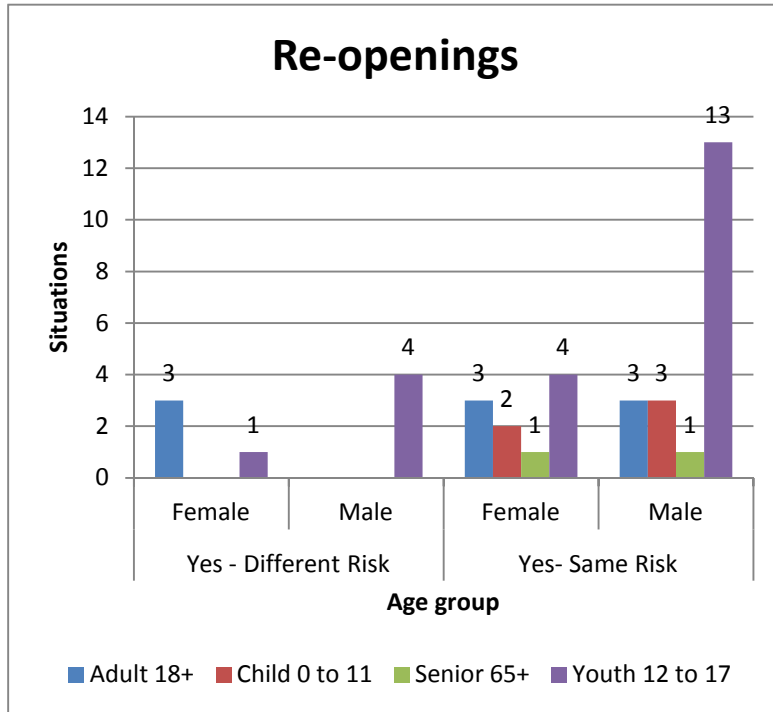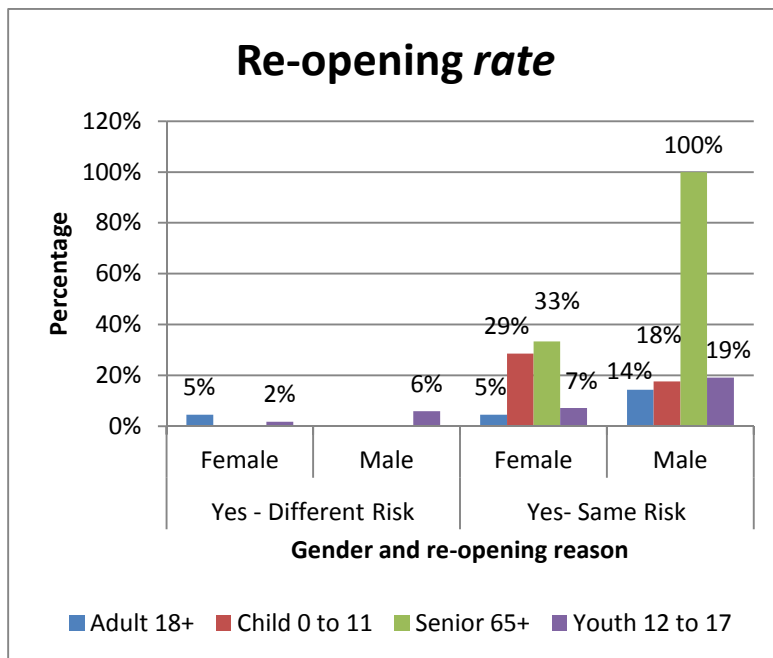
Re-openings

The most re-openings were found in the age group of the 12 to 17 year olds which made up 65% of all re-openings. 77% of those re-openings concerned males, 23% females.

The adults made up 29% of re-openings while the re-opening rate was the same for both genders when dealing with the same risk. If the risk was different from the previous time the situation had been discussed, the re-openings rate was higher with the females.

The age group of the 0 to 11 year olds only showed 5 re-openings (13% of re-openings).

In order to put the number of re-openings in perspective to one another and make it comparable the rate of re-openings per age group and gender was considered.

Re-opening *rate*

The largest re-opening rate was found for the age group of the seniors. Due to the small sample of situations in that age group (4 situations) it is questionable what the validity of that result can be.

In both of the two largest age groups (the 12 to 17 year olds and the 18 to 64 year olds) the males showed much higher re-opening rates than the females (19% compared to 7% for the 12 to 17 year olds, and 14% compared to 5% for

the 18 to 64 year olds). This was different for the age group of the 0 to 11 year olds in which the females showed a larger re-opening rate than the males (29% compared to 18% for the males). The female children also showed a much higher re-opening rate than the youth and adult females (7% and 5%) whereas the male children's re-opening rate (18%) was comparable to the one of the youth males (19%) and the adult males (14%).

When delivering services youth and adult males, as well as to child females the agencies are well advised to take into consideration that those groups of individuals showed some of the highest re-opening rates.

7.1.2 Re-openings: Risk factor categories

Besides age group and gender, the risk factor categories are of interest when determining what kind of situations showed the highest re-opening rates. The risk factor categories showed the following re-opening rates for the same risk factors.
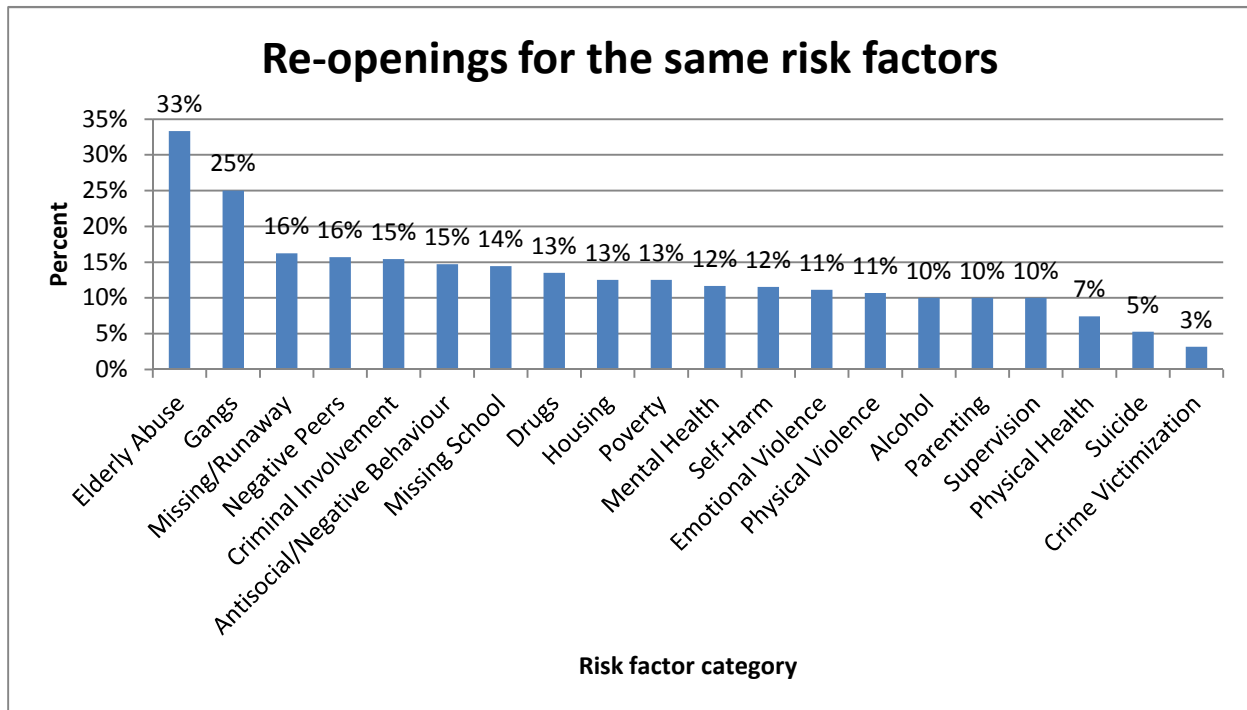
The risk factor categories with the highest re-opening rates were not necessarily the ones that showed the highest overall presence in the total number of situations. 'Elderly Abuse' for example was present only 3 times in total and showed the highest re-opening rate with 33%. 'Gangs' was present in only 12 situations, but showed a high re-opening rate of 25%. The most frequent risk factor category which was 'Alcohol' only showed a moderate re-opening rate of 10% whereas 'Criminal Involvement' which was the second largest risk category was harder to address with a re-opening rate of 15%. The third largest risk category 'Parenting' showed a moderate re-opening rate of 10%, whereas number four 'Mental

Health' lead more often to re-openings with 12% of its situations. With 11% re-openings 'Physical Violence' was slightly more difficult to address than alcohol and parenting.

A relatively high re-opening rate showed 'Missing School' with 14% and 'Drugs' with 13%. This result indicates that such situations can have a high degree of complexity.

'Crime Victimization' showed the lowest re-opening rate with only 3% of its situation. This is indicating that the Hub discussion was particularly effective for individuals that had been discussed for reasons of crime victimization or in other words, that 'Crime Victimization' was the risk factor category that was addressed the most successfully with regards to the number of situations that had to be re-opened.

The high re-opening rate of some risk factors is indicating the difficulty and the struggle the agencies are having in addressing those risk categories.

Further evaluation on the re-openings could include what precise risk factors showed the highest re-opening rates, what risk factor and risk factor category combinations were most prevalent in re-opened situations, what had been the closure variable, and what categories, lead and assisting agencies showed the most re-openings.

8   Most receptive of services – success rate

The age group that showed the highest number of situations that could be closed under the closure reason 'Connected to services' and the lowest re-opening rate can be considered the age group in which the situations were addressed most successfully. The success rate was calculated by subtracting the re-opening rate from the percentage that was closed as 'Connected to services'.

The situations concerning individuals of the age group of the 0 to 11 year olds could be 'Connected to services' in 79% of situations. Factoring in their high re-opening rate of 21% (5 situations in 24 had to be reopened) the success rate in that age group can be considered 62% (79% minus 21% of 79%).

Individuals of the age group 12 to 17 years were 'Connected to services' in 74% of situations at the time the discussion was closed. Their re-opening rate was 18% (22 out of 124 situations were re-opened) resulting in a success rate of 61%. Yet a lower success rate was found in the age group of the 18 to 64 year olds with 9 re-openings in 87 situations (re-opening rate of 10%) while the individuals were 'Connected to services' in 66% of situations resulting in the success rate of 59%.

The success rate for the seniors was the lowest with 2 re-openings in 5 situations (40%) at a rate of 25% of situations that could be closed as 'Connected to services' resulting in a success rate of 15% which is likely not representative due to the low number of seniors discussed.

9   Outcome measures

Between February 2011 and August 2013 the agencies discussed 730 situations at the Hub discussion and mitigated acutely elevated risk by providing integrated service delivery. The agencies' efforts were envisioned to contribute to dramatic and ongoing reductions in the levels of crime and victimization in our community.

There have been remarkable positive changes in indicators of community safety and wellness in Prince Albert since the inception of the Hub discussion. Maybe the most impressive numbers can be found in the development of the violent crime severity index, the number of violent criminal code violations, the number of property crime violations, and the number of calls for service to police. Each of those four indicators showed significant decreases in 2012 compared to 2010, the year before the agencies started to hold Hub discussions.
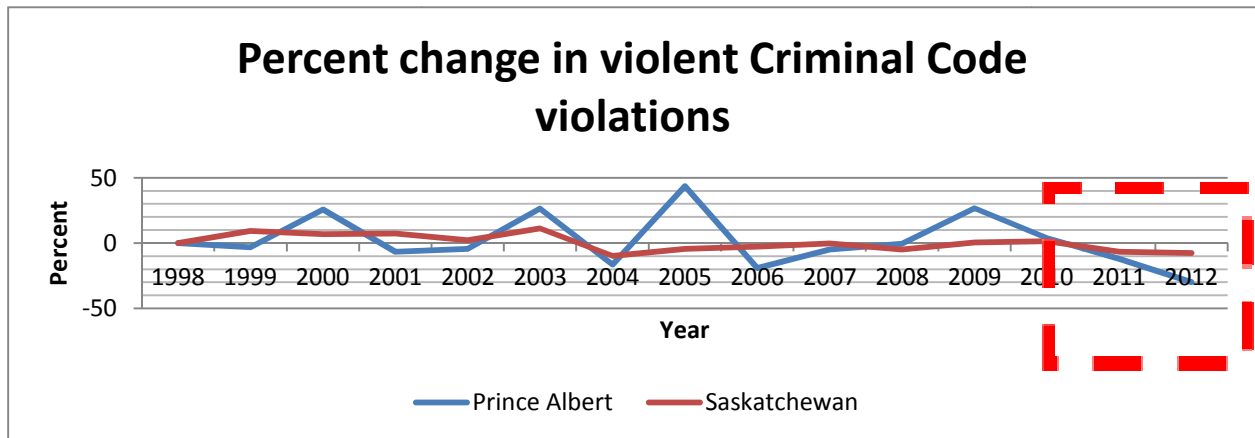
9.1   Change in violent crime severity index

The violent crime severity index in Prince Albert saw a reduction by -25% in 2012. The decrease was 2.6 times larger than the provincial average of -7% for 2012. Also it was by far the largest reduction in violent crime severity index in Prince Albert since 1998.
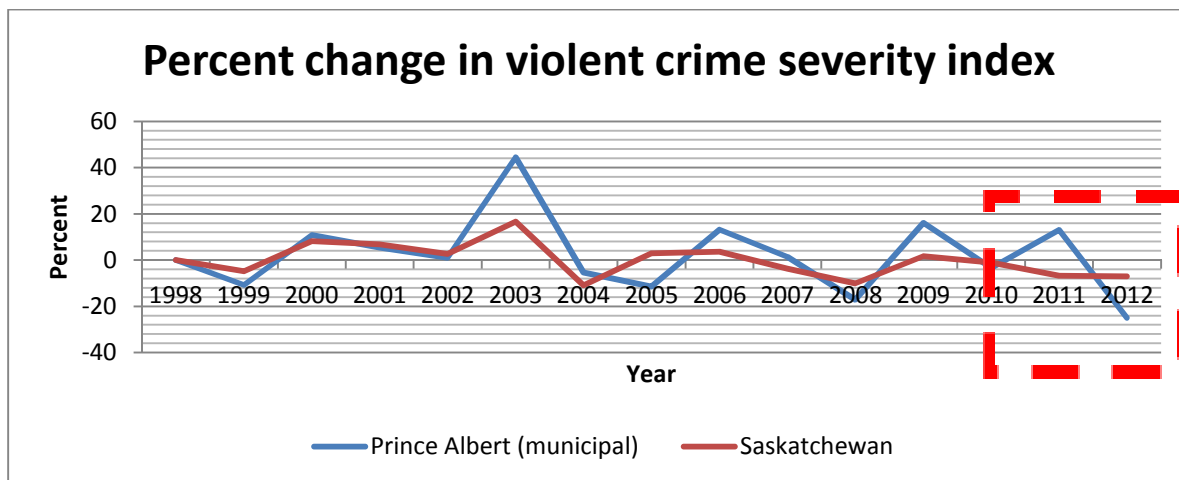
## 9.2   Change in violent Criminal Code violations

Violent Criminal Code violations in Prince Albert saw a decrease by an extraordinarily high -37% since Hub started its operation in February 2011 (2010 compared to 2012). The decrease was 3.4 times larger than the provincial average of -11% for the same time period. In 2011 alone, the rate for Prince Albert decreased by -12% while the provincial average decreased by -7%. In 2012 Prince Albert saw a reduction in violent crime by -29.8% compared to -7.7% for the Province. Violent Criminal Code violations in Prince Albert saw the largest reduction and the lowest rate in 2012 since 2002.

Percent change in violent Criminal Code violations


9.3 Change in property crime violations

Besides the extraordinary decreases in violent crime there have been reductions in property crime violations in Prince Albert in 2011 and 2012. Property crime violations saw a decrease by -18% in 2012 compared to 2010. The decrease was 2.6 times larger than the provincial average of -7% for the same time period. In 2011 alone the rate for Prince Albert was reduced by -9% while the provincial average decreased by -1.5%. In 2012 Prince Albert saw a reduction in property crime by -12% compared to -9% for the Province.

It can be noted that property crime violations in Prince Albert have been decreasing more and more over a period of three consecutive years (2010-2012) while the province's decrease saw an upward trend in 2011. 2010 to 2012 was the first three year period since 1998 that showed a growing reduction in property crime rates in Prince Albert for every year over a three year period.

Percent change in property crime violations
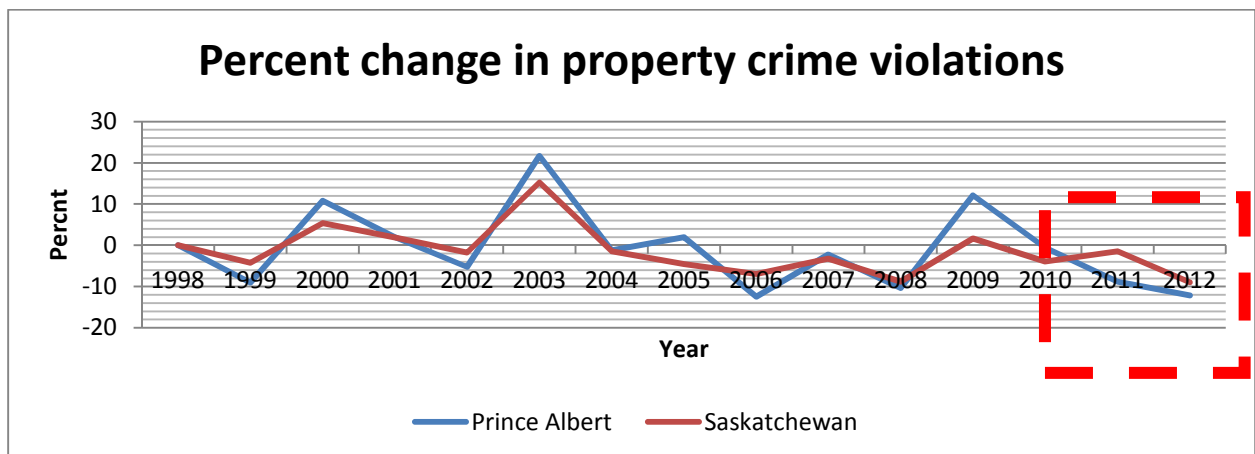
9.4   Change in calls for service to police

There has been a reduction of -5% in calls for service to the Prince Albert Police Service since the Hub discussion started its operation in February 2011 (2010 compared to 2012).
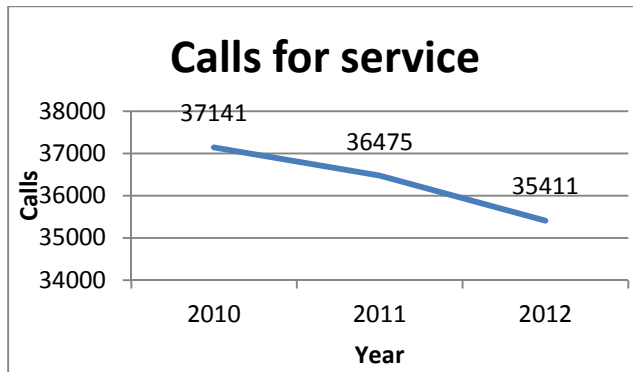
9.5   Additional outcome measures

The question of the accumulation of positive change in indicators of community safety and wellness throughout the human services delivery system is different from the question regarding the evidence of an actual causal connection between Hub discussions and how the individuals discussed and community safety and wellness benefitted from it. Nevertheless indicators of community safety are important factors in the measurement of change relevant to the achievement of CMPA's vision. Also, it can be noted that outcome measurement in the multi agency context can be more dependent on interagency information sharing than in the single agency context and therefore can be a challenge particularly when it involves identifiable information.

CMPA analysts are currently working on outcome analysis aiming at getting a better grip on the question of the causal connection between Hub activities and community safety and wellness respectively the wellness of the individuals discussed. Part of that work is a before and after analysis performed on the individuals that were discussed at Hub by examining to what extent the individuals had involvement with service providers before and after they had received integrated service delivery mobilized via the Hub discussion. Another branch of outcome measurement is correlation analysis between Hub activities and crime rates (e.g. risk factors addressed and crime types).

There are also efforts being undertaken at the provincial level to improve outcome measurement. The **BPRC** initiative is undertaking efforts to develop a long term outcome measurement for individuals discussed at Hub discussions throughout the province.

10 Closing Remarks

Following the Hub Report 2011/2012 the present report is enriching the documentation of what acutely elevated risk situations the agencies discussed at Hub. Compared to the previous study period this report was able to greatly benefit from optimized data collection mechanisms that had been developed and implemented at CMPA in collaboration with academia, the ISIWG, and the agencies' representatives at the Hub discussion.

Successful use of increased knowledge on our acutely elevated risk situations by informing positive and sustainable action can greatly support the elimination of root causes of social problems and the optimization of the human services delivery system. Also, this report can be expected to further support the optimization of the Hub process and the development of Community Mobilization.

In terms of effectiveness and success of the Hub discussion it must be noted that the present report cannot replace a full evaluation of cause and effect.